

Equality and Human Rights Screening Template

The Safeguarding Board NI is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

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/none)

Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

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/none)

Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

SCREENING TEMPLATE

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.

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Regional child protection/safeguarding policy and procedures. These are in five sections. Section 1 includes the core procedures and all policy and procedures under the other sections relate back to these. The core policy and procedures are therefore the most significant.

- **Section 1 Core Procedures**
 - **Communicating effectively with Children/Young People Who Have Specific Communication Needs where abuse and or neglect is a presenting concern**
 - **Guidance to Ensure the Voice of The Child/Young Person is Heard**
 - **Responding to Abuse and Neglect**
 - **Referrals**
 - **Assessment**
 - **Child Protection Enquiries**
 - **Child Protection Case Conferences**
 - **The Child Protection Register Medical Assessment of Alleged or Suspected Child Abuse and Neglect**

- **Section 2 Safeguarding Practice Guidance**
 - **Abuse Linked to Faith or Belief**
 - **Bullying**
 - **Children Living Away from Home**
 - **Children Affected by Gang Activity or Serious Youth Violence**
 - **Children from Abroad**
 - **Trafficked Children**
 - **Children/Young People Missing from Home and Care**
 - **Children of Parents Who Misuse Substances**
 - **Children/Young People of Parents with Learning Difficulties**
 - **Children/Young People of Parents with Mental Health Problems**
 - **Children/Young People who have a Disability**
 - **Domestic Violence and/or Sexual Violence and Abuse**
 - **E-Safety: Children Exposed to Abuse through the Digital Media**
 - **Fabricated or Induced Illness**
 - **Female Genital Mutilation**

- **Forced Marriage**
- **Honour-Based Violence**
- **Neglect**
- **Safeguarding Children and Young People against Radicalisation, Paramilitary Threat and Violent Extremism**
- **Self-Harm and Suicidal Behaviour**
- **Children who Display Harmful Sexual Behaviour or Developmentally Inappropriate Sexual Behaviour**

- **Section 3 Individuals who pose a Risk to Children/Young People**
 - **Individuals who Pose a Risk to Children/Young People Management and Use of Information Concerning Known and Suspected Offenders Against Children/Young People**

- **Section 4 Roles and Responsibilities of the SBNI**
 - **Safeguarding Board for Northern Ireland (SBNI) - Role and Function**
 - **Agency Roles and Responsibilities**

- **Section 5 Protocols**
 - **The Pre-Mobile Babies Protocol**

1.2 Description of policy or decision

- **What is it trying to achieve? (aims and objectives)**
- **How will this be achieved? (key elements)**
- **What are the key constraints? (for example financial, legislative or other)**

Safeguarding and protecting children and young people from child abuse and neglect is the responsibility of every individual in Northern Ireland across all disciplines and sectors. The aim of these policy and procedures is to provide guidance to all staff on what actions to take in relation to protecting and safeguarding children and young people in Northern Ireland. They are therefore central to protecting and safeguarding children from child abuse and neglect. These policy and procedures should be followed by all staff. The policy and procedures are intended to replace the Area Child Protection Committee (ACPC) Regional Policy and Procedures 2005 and are set within the context of the policy document Co-operating to Safeguard Children and Young People 2016 issued by the Department of Health (DoH).

Agencies will need to review their policy and procedures in light of these policy and procedures and will have responsibility for ensuring compliance through their governance/quality assurance processes.

1.3 Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

These policy and procedures are aimed at all staff in SBNI member agencies and the statutory, voluntary and community sectors in Northern Ireland.

Children/young people will be subject to the policy and procedures.

Parents and carers will also be affected by these policy and procedures.

Individuals who have been convicted of an offence relating to child abuse and neglect and those individuals who are suspected of committing an offence will be affected by the policy and procedures.

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

- **What are they? Who owns them?**

Co-operating to Safeguard Children and Young People 2016

ACPC Regional Policy and Procedures

The Safeguarding Board Act 2012

The Children's Services Co-operation Act (Northern Ireland) 2015

(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 etc. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

SBNI Strategic Priorities which undertook a process of engagement with professionals, agencies and children and young people.
Equality Impact Assessments undertaken in relation to the Learning and Development Child Safeguarding Strategy Framework and Case Management Review process guidance, and CSE Policy and Procedures

Donovan, C (2014) The Ace Project: Developing an agenda for change in the north east and beyond on young LGBTQ people and CSE.

Gohir, S (2013) Unheard voices: The sexual exploitation of Asian girls and young women

Home Affairs Select Committee (2013) Child sexual exploitation and the response to localised grooming. Second Report.

Quarterly Child Protection statistics for Northern Ireland January – March 2016 (link to document <https://www.health-ni.gov.uk/publications/quarterly-child-protection-statistics-northern-ireland-january-march-2016>)

Child Protection statistics for Northern Ireland <https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-15-16.pdf>

Northern Ireland Statistics and Research Agency (link to the website: <http://www.nisra.gov.uk/publications/default.asp10.htm>)

Alcohol Help Choices for Life; <http://www.alcoholhelp.com/resources/facts>

DOH - Hospital Statistics: Mental and learning disabilities 2014/2015; <https://www.health-ni.gov.uk/publications/hospital-statistics-mental-health-and-learning-disability-201415>

Ringrose, J. et al (2012) A qualitative study of children, young people and 'sexting': a report prepared for the NSPCC. London: NSPCC.

HSSPS – ‘Children’s Social Care Statistics for Northern Ireland 2014/2015’
<https://www.northernireland.gov.uk/news/publication-%E2%80%98children%E2%80%99s-social-care-statistics-northern-ireland-201415%E2%80%99>

NSPCC (2016) Deaf and disabled children: learning from case reviews
Summary of risk factors and learning for improved practice when working with deaf and disabled children

Northern Ireland Statistics and Research Agency, Census Data 2011

Translating Learning into Action: An overview arising from CMRs in Northern Ireland 03 – 08 Devaney et al.

Draft Information Sharing Protocol DHSSPS and consultation feedback.

Fox, K (2016) ‘It’s Not on the Radar’ (Barnardo’s publication)

Internet Watch Foundation 2015 annual report

Office for National Statistics: Families and Households 2015

National Tables 2015

Barnardo’s NI published ‘Not a world away’ 2011

Barnardo’s (2014) ‘Hidden in Plain Sight’

Biehal et al (2014) Keeping children Safe: allegations concerning the abuse of neglect of children in care: final

A study by Youthnet commissioned by the Department of Education

The Draft Sexual Orientation Strategy published in 2006

“Through Our Eyes” research carried out by The Rainbow Project

NSPCC – How safe are our children 2016

Children’s Law Centre 2015 Annual Lecture.

Children’s Law Centre ‘Our Lives in Our Words’ 2015

How are children and young people in NI doing? (CYPSP) published 2016

(Department of Education, NI Statistics and Research Agency: Statistical

Bulletin: Annual enrolments at schools and in funded pre-school education in Northern Ireland 2015/2016.

(All Party Parliamentary Group on Speech and Language Difficulties (2013) The links between speech, language and communication needs and social disadvantage. London: Royal College of Speech and Language Therapists).

(Snow. PC & Powell MB 2011b. Oral language competence in incarcerated young offenders: Links with offending severity. International Journal of Speech Language Pathology.

<http://informahealthcare.com/doi/abs/10.3109/17549507.2011.578661>)

Service User Data 2011/2012 general information on Offenders.

Out on Your Own – The Rainbow Project (2006)

The Internet Watch Foundation research report
<https://www.iwf.org.uk/assets/media/resources/Emerging%20Patterns%20and%20Trends%20Report%201%20-%20Online-Produced%20Sexual%20Content%20website%20March%202015.pdf>

Digital Dangers: The impact of technology on the sexual abuse and exploitation of children and young people, Barnardo's 2015

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	Needs and Experiences
Gender	General Population Data NI Population Statistics (2011 Census Data) Population of Northern Ireland in 2011 was 1,810,863 Male = 49% Female = 51% Children (Aged 0-17): 430,763 (24%) Adults (Aged 18-64): 1,116,380 (62%) Older People: (Aged 65+): 263,720 (14%)

Evidence from Case Management Reviews (Translating Learning into Action: An overview arising from CMRs in Northern Ireland 03 – 08 Devaney et al) would demonstrate that the majority of reports related to girls as the index child (n=13; 54%), compared to boys (n=11; 46%). This is in contrast to England where boys (56%) have been the subject of more reviews than girls (44%) consistently since 2003 (Brandon *et al.*, 2012). It may be that the small numbers of CMRs may be a reason for this anomaly and the SBNI will continue to monitor this.

Child Deaths

Northern Ireland has a higher level of deaths of children than other regions in the United Kingdom particularly in the perinatal period. In children under one year the cause of death is dominated by perinatal conditions (627 deaths) or congenital abnormalities (385) with 'undefined causes' as the third most common code used. Over the last decade some two hundred children under eighteen died each year in Northern Ireland. In every age group male deaths outnumbered females with the highest imbalance in the 15-17 years age group. 2011 figures highlight the number of deaths in males under were 1,220 and females 852.

Child in Need

There were 20,805 children allocated to further actions in the year ending 31st March 2015. The number of children allocated for further action has almost doubled in the last 10 years. There were 23, 834 children in need in Northern Ireland at 31st March 2015 (NSPCC 2016)

The higher proportion of male 'children in need' was most evident, across all the HSC Trusts, in the age groups 5-11 and 12-15, whereas less evident amongst the younger children and those aged 16 and over (Children Social Care Stats 2014/2015). Of the children in need at 31 March 2015, a higher proportion was male (53%) than female (47%).

There were 38, 530 males compared to a 31,010 females looked after at the end of 31 March 2015.

Having a disability was more prevalent amongst the male children in need, with 21% of males being recorded as having a disability compared with 11% of the female children in need (Children Social Care Stats 2014/2015)

Recent figures released for 2015 to March 2016 indicate that a higher proportion were male 55% than female (45%) which is slightly larger than the gender split in the population. More males had a disability - 22% compared with 12% female children. Each disability category had more males than females, particularly in relation to autism.

Child Protection (HSCB Statistics)

Overall during 2014/15 there were 349 children re-registered on the Child Protection Register (CYPSP).

There were 1,969 children on CPR on 31st March 2015. There has been a 24% increase in the number of children in the child protection system in the UK in the last five years. The breakdown of causes for a child to be on the Child Protection Register was as follows: 28% neglect, 30% physical abuse 26% multiple reasons, 9% emotional abuse and 6% sexual abuse. In NI physical abuse has overtaken neglect as the most common cause for being on the CPR (NSPCC how safe are our children 2016).

In Northern Ireland the proportion of all children becoming re-registered has been increasing in recent years. The proportion increased from 14.9% in 2009/10 to 19.3% in 2013/14. It dropped down slightly to 18.3% in 2014/15. Between 15.5% and 18.3% of children who become subject to a child protection plan or were put on the Child Protection Register in 2014/15 had been on one before (NSPCC, 'How safe are our children 2016').

At 31 March 2016, 2,146 children were on the Child Protection Register in Northern Ireland, equivalent to 49.5 children per 10,000 of the under 18 population. This represented a small increase (2%) on the previous quarter (2,098). Compared with the same time last year (March 2015), the number of children registered increased by 9%, 52% were boys and 48% were girls, the same as the gender split in the general children's population.

Physical abuse and neglect are the main reasons for being registered. 81% of the children were on the register due to physical abuse, neglect or a combination of physical abuse and neglect.

Looked After Children

Of those Children Looked After after 31st March 2016, there was a slightly higher proportion male than female similar to the gender split in the general population.

The Internet Watch Foundation research report (<https://www.iwf.org.uk/assets/media/resources/Emerging%20Patterns%20and%20Trends%20Report%201%20-%20Online-Produced%20Sexual%20Content%20website%20March%202015.pdf>) on self-generated sexual content featuring young people online found that

- 93.1% of the content depicting children aged 15 or younger featured girls.

There is a greater impact on girls than on boys in relation to e-safety issues; consideration will need to be given to creating gender specific versions of e-safety messages relating to self-generated sexual content online. Whilst the impact on boys is small it is important that both boys and girls receive such messages. Digital Dangers: The impact of technology on the sexual abuse and exploitation of children and young people, Barnardo's 2015 has identified that transgender young people appear to be particularly vulnerable to online harm.

CSE – Northern Ireland

In November 2011 Barnardo's NI published 'Not a world away', a two year piece of research into Child Sexual Exploitation in Northern Ireland. The research found that out of the 1,102 young people in the sample CSE was identified as an issue of concern for almost two thirds of young females in residential care.

In the vast majority (94.7%) of cases where the gender was known, the abuser was male. In a further 1.5% of cases, both male and female abusers were identified. In the remaining 3.8%, the abuser was female; in each of these cases the young person being exploited was male. Male abusers were reported to be exploiting both male and female young people.

The majority of the Internet Watch Foundation's work concerns the assessment and removal of child sexual abuse images and videos. In 2015:

85% of the victims were girls.

9% were boys.

5% contain both genders.

A small number of the victims were unidentifiable as male or female.

Barnardo's (2014) 'Hidden in Plain Sight': a Scoping Study into the Sexual Exploitation of Boys and Young Men in the UK", over a period of 10 months across England, Scotland and NI found that of the 9,042 Barnardo's cases analysed, 33 % were male service users (variations across services, range from 5% - 57%).

Barnardo's (2016) called 'It's Not on the Radar'

Barnardo's released statistics around the comparison of young people affected by Child Sexual Exploitation based on gender. The results showed that from the 9,042 Barnardo's records for Child Sexual Exploitation that were analysed the proportion of male service users ranged from 5% to 55% with the average being 33% whereas female were a staggering 66%.

The age of referral for males was slightly lower at 13.9 years than female which was 14.6 years.

Boys and young men that needed some sort of child protection were 2.6 times more likely to have a recorded disability than girls.

Males that had a recorded disability were 35% whereas females only had 13%.

Barnardo's statistics show that young males needing protection seemed to be more involved in criminality or had a record compared to females. Males that had been involved in criminality and needed protection were at 48%. Females involved in criminality were at 28% which is a 20% difference between males and females. Males tend to release their trauma externally by showing anger and aggression and this is could be a reason that they end up in the criminal justice system.

The proportion of male and female services users that were referred to Barnardo's due to going missing and running away has a large gap in comparing male and female. Males that were referred due to running away were at 80% whereas females were at 42%. This has nearly doubled in terms of more males being referred. The young people on Barnardo's records that have experienced non-CSE violence are nearly equal for both male and female. Females are slightly higher with 57% stating they have experienced non-CSE violence and 54% for males.

There was a low number of young people that had stated to Barnardo's have experienced pregnancy, parenthood, termination and/or miscarriage. Only 6% of males and 7% of females stated this point (Barnardo's 2016 'It's Not on the Radar'). In a report released by Barnardo's in 2016 called 'It's Not on the Radar' they found that agencies and professionals do not view male CSE victims as victims, and if they do they don't see it to be as serious as it is. This report explains that female victims are more recognised than males and male disclosure rates are extremely low. One attendee at the focus group noted that a social worker, after realising that a boy was a victim of sexual exploitation, said: 'If this was a girl we would never have considered closing [the case] but because it's a boy, we have.'

'How are children and young people doing?' (CYPSP) published 2016

Suicides have been consistently more common among males of this age group and consequentially over all the ages, with a total of 207 males in NI in 2014 compared to 61 female deaths from suicide. (*At date of publishing, 2015 data not available*). There were a total of 98 registered deaths by suicide for young people (19 and under) across Northern Ireland from 2010 – 2014. Of these, 77.5% were male. It is important to note that the coroner's office indicates that the number of suicides recorded is likely to be inaccurate, as in some cases coroners are unwilling to register "death by suicide," primarily due to respect for the wishes of the family.

In a study relating to **Looked After Children**, 100 male young people completing custodial sentences, the prevalence of language impairment increased to 62% in those who had a history of Looked After Care placement. (All Party Parliamentary Group on Speech and Language Difficulties (2013) *The links between speech, language and communication needs and social disadvantage*. London: Royal College of Speech and Language Therapists). (Snow. PC & Powell MB 2011b. Oral language competence in incarcerated young offenders: Links with offending severity. *International Journal of Speech Language Pathology*. <http://informahealthcare.com/doi/abs/10.3109/17549507.2011.578661>)

	<p>Service user data (Service Users Survey 2015) general information on Offenders</p> <hr/> <table data-bbox="331 344 813 524"> <tr> <td>Male</td> <td>88 %</td> </tr> <tr> <td>Female</td> <td>12 %</td> </tr> </table>	Male	88 %	Female	12 %
Male	88 %				
Female	12 %				
Age	<p>General Population Data NI Population Statistics Children Less than 1 = 25,250 (6%) 1 - 4 = 99,132 (23%) 5 - 11 = 156,740 (36%) 12 – 15 = 98,201 (23%) 16-17 = 51,440 (12%) Total children (0 – 17) = 430,763 (24% of the population)</p> <p>Evidence from Case Management Reviews would demonstrate that those very young children and teenagers would be the most vulnerable in terms of age range. The overview presents data on 24 CMRs, detailing the grounds for undertaking each review. Results demonstrate that children under one year of age were most likely to be reviewed due to their death than at any other age, whereas young people aged 11 years and over were more likely to have a review undertaken due to their death by suicide/self-harm. This is consistent with evidence within the UK.</p> <p>Child Deaths Over the last decade some 200 children under 18 died each year in Northern Ireland. In every age group male deaths outnumbered females with the highest imbalance in the 15-17 years age group. In 2011 the breakdown by age was as follows: Age 0 = 1,230 deaths (684 Male, 546 Female) Age 1 – 4 = 210 deaths (130 Male, 80 Female) Age 5 – 9 = 141 deaths (81 Male, 60 Female) Age 10 – 14 = 177 deaths (109 Male, 68 Female) Age 15 – 17 = 314 deaths (216 Male, 98 Female)</p> <p>Evidence from Case Management Reviews (Translating Learning into Action: An overview arising from CMRs in Northern Ireland 03 – 08 Devaney et al) that in 33% of cases in Northern Ireland a</p>				

CMR was convened due to the death of a child through suicide. In relation to children who had died and a CMR was undertaken children under 1 year were most likely to be reviewed due to their death than at any other age, whereas young people aged 11 years and over were more likely to have a review undertaken due to their death by suicide/self-harm. In 2014 the statistics for a young person committing suicide was 3 males under 15 and no females. In the age grouping 15-19 this increased with 12 young males committing suicide and 3 young females (NISRA, 2014).

Child Protection Stats

Similar to the proportions of previous quarters on 31st March 2016; 10% of children on the register were aged under 1 year 29% were aged 1-4 years

39% were 5-11 years

18% were 12-15 years

4% were aged 16 or over.

The proportion of children on the register aged 0-11 years was 10 percentage points higher than the Northern Ireland population for that age group (Quarterly Stats 2016).

Statistics for 2015 to March 2016 indicate that 49 children per 10,000 under 18 years of age were listed on the Child Protection Register. There has been a 9% increase from the previous year. The age differed from the general population as there was a higher proportion of children aged under 5 compared to the overall child population.

Children In Need

There are a high proportion of children in need in Northern Ireland. At 31 March 2015, 23,834 children in Northern Ireland were known to Social services as a child in need. The number of children in need in 2015 was 8% lower than in 2014 when there were 25,998 children in need. This decrease was mainly down to a large fall of 25% in the number of children in need in the Western HSC Trust. (Children Social Care Stats 2014/2015).

Recent figures for the year 2015 to March 2016 indicate that compared with the general population children in need had a slightly older age profile. 36% of children in need were aged 12 and

over compared with 32% of the overall population.

Looked After Children

The biggest age group of children being looked after was 10 – 15 years old with 26, 140 compared to the smallest of under 1 year old being 3, 710.

Recent figures for 205 to March 2016 indicate that at March 2016 there were 2,890 Children Looked After in Northern Ireland which is the highest number of children since the introduction of the Children (NI) Order 1995. These children had an older age profile than the general population with 42% aged 12 and over.

There are 13.8 million dependent children living in families in the UK in 2015 (National Statistics, 2015). In 2015, 40% of families with dependent children had 2 dependent children in the UK. The average number of dependent children in families in the UK is 1.8 (National Statistics, 2015), whereas in Northern Ireland the figure is 2.2 (NISRA, 2011).

There is some evidence that teenage parents are more likely to become involved with the child welfare system in a delayed fashion, usually several years, children and occasionally partners after their teenage years finish. In the sample of CMRs the mean age of mothers was 33years (n=17; range 16years – 60years), 34years for fathers (n=9; range 16years – 60years) and 36years for step fathers/mother's cohabitee (n=4; range 23years- 44years).

Alcohol consumption at a young age

Alcohol consumption during any stage of childhood can have a harmful effect on a child's development. Alcohol use during the teenage years is related to a wide range of health and social problems, and young people who begin drinking before the age of 15 are more likely to experience problems related to their alcohol use, including alcohol-related injuries, involvement in violence, suicidal thoughts and attempts, having more sexual partners, pregnancy, using drugs, employment problems, adverse effects on brain function, on liver, bone, growth and endocrine development. "Guidance on consumption of alcohol by children & young people". (Department of Health, UK).

The NHS figures also reveal that 7034 children under 18 years old

received treatment for problems related to drinking alcohol in the first 6 months of 2011. There are strong connections between high risk drinking and unsafe sexual behaviour, traffic and other accidents, unintended pregnancy, failure at school and mental health problems (Health Promotion Agency, 2004). The World Health Organisation also highlighted that many young people today have greater opportunities and more disposable income than in the past, and are more vulnerable to increasingly aggressive sales and marketing techniques. An individual who begins drinking as a young teen is four times more likely to develop alcohol dependence than someone who waits until adulthood to use alcohol.

Education

Research published by the NSPCC in 2011, which explored what children were being taught in primary school about keeping safe, found that the percentage of schools teaching children how to keep safe on the internet varied across the key stages: at foundation stage 34%, Key Stage 1 69% and Key Stage 2, 97% of schools. Between 2015 and 2018 the NSPCC and the Department of Education in Northern Ireland are piloting a 'Keep Safe' programme in 90 schools across Northern Ireland. It aims to promote child safeguarding by teaching children about healthy relationships, their body and keeping safe. (NSPCC)

CSE – Northern Ireland

In November 2011 Barnardo's NI published 'Not a world away', a two year piece of research into Child Sexual Exploitation in Northern Ireland. The research found that out of the 1,102 young people in the sample CSE was identified as an issue of concern for 19.7% of 16-17 year olds, 14.6% of 14-15 year olds and 3.2 % of 12-13 year olds. While at first glance, it may appear that sexual exploitation is only an issue of concern for the older age groups, it should be noted that these figures include both past and present cases. Over one-fifth of the 14-15 and 16-17 year old cases related to past concerns, which obviously occurred at a younger age.

Age at first concern is therefore a measure of interest. The vast majority (88%) of young people for whom such information was available were under the legal age of consent when concerns about sexual exploitation were first identified. Most of them were between 12 and 15 years, with 14 being the most common age at which concerns were first identified.

The vast majority of identified abusers were 18 or older. In 76.3% of cases, all known abusers were adults. In a further 14.9% of cases, social workers reported both adults and other young people to be exploiting the victim. Concerns in the remaining 8.8% of cases related solely to peer exploitation.

Internet Safety

41% of 12-15 year olds have a smart phone

91% 5-15 year olds in the UK live in household with internet access

3% of 5-7s, 28% of 8-11s and 75% of 12-15s have a social network profile

29% of UK children have had online contact with someone they had not met before

11% of UK children have viewed on line sexual images and 12% have received them

8% of UK children have been bullied online

19% of UK 11-16 year olds internet users have seen one or more type of potentially harmful user generated content rising to 32% of 14-16 year old girls

Almost half of 9-13 year olds have a Facebook account

During 2015 the Internet Watch Foundation Hotline processed a total of 112,975 reports and 68,543 of these were assessed as containing criminal content. There was an increase in reports of child sexual abuse imagery in two years, 2013 to 2015

Of all reports, 112,283 concerned content on webpages, 684 concerned newsgroups and 8 concerned reports of other types of off remit content.

40,247 reports made to the Hotline were believed to contain child sexual abuse material and 26% were confirmed as such by the Internet Watch Foundation analysts.

The majority of the Internet Watch Foundation's work concerns the assessment and removal of child sexual abuse images and videos. In 2015:

69% of the child victims appeared to be 10 years old and under.

34% of all the child sexual abuse URLs depicted sexual activity between adults and children including the rape and sexual torture.

A total of 68,092 URLs contained child sexual abuse hosted on 1,991 domains worldwide. This figure does not include newsgroup

content.

Young People at risk of Sexual and Violent Offending

Results demonstrate that of the total 1,796 sexual offences resulting in disposal the following figures were identified by age:

Age

10 = 11

11 = 52

12 = 90

13 = 253

14 = 369

15 = 333

16 = 409

17 = 279

NSPCC 'How Safe are Our Children 2016'

Homicide rate per million children aged 0-17. 2 child homicides were recorded in 2014/2015

There were a total of 98 registered deaths by suicide for young people (19 and under) across Northern Ireland from 2010 – 2014. Of these, 14 were under 15.

There were 1747 recorded sexual offences against children aged under 18 in 2014/2015. Out of the 1,747 recorded sexual offences almost a fifth (300) were rapes or attempted rapes and two-thirds (1,156) were sexual assaults or sexual activity with a child or young person.

There were 174 recorded offences of cruelty to children and young people in 2014/2015

Over one in six 11-17 year olds have experienced some type of severe maltreatment

In 2015/2016 the Childline website received 3,477,162 visits. This figure has increased by 8% from 2014/2015. The most common reason for Childline website visit was for sexting with over 180,000 visits. In 2015/16 there were 1,392 counselling sessions on sexting which is a 15% increase from the previous year

36% of the public agree that they “can make a difference personally in helping to prevent cruelty to children from happening”.

Evidence from research into 24 Case Management Reviews would

demonstrate that those very young children and teenagers would be the most vulnerable in terms of age range. There were a total of 19 registered deaths by suicide for young people across Northern Ireland in 2011, with Belfast seeing the highest number- 10. It is important to note that the coroner's office indicates that the number of suicides recorded is likely to be inaccurate, as in some cases coroners are unwilling to register "death by suicide," primarily due to respect for the wishes of the family. Over the last 6 years the highest number of suicides in the under 18 year old age group was registered in 2008.

Young Minds

6/10 black children have a diagnosable mental illness.

'How are children and young people doing?' (CYPSP) published 2016

The percentage of primary school children with a full Statement of Special Educational Need has increased over the eight years. At June 2015, North Eastern Region (2.4%) and Western Region (2.8%) are below the Northern Ireland Average (3.0%) and all other areas are above.

The percentage of post-primary school children with a full Statement of Special Educational Need has risen or stayed static over the past year. Belfast Region (4.4%), Southern Region (4.9%) and Western Region (4.8%) are higher than the Northern Ireland percentage of 4.2% in June 2015.

The percentage of pupils suspended has tended to be higher in the Belfast Region (1.45%) than in other Education Areas. The Northern Ireland figure has fallen from 1.66% in June 2008 to 1.08% in June 2015. Each Education Area has also experienced a decrease in percentage of suspensions during this same period. The total number of pupils suspended in Northern Ireland in the year ending June 2015 was 3,647.

Numbers of pupils expelled from schools are very low across each education region. The overall Northern Ireland totals have decreased slightly from 29 pupils in 2013/14 school year to 25 pupils in 2014/15. The majority of pupils expelled were male and of post-primary age, with 72% of the total of pupils expelled from Key Stage 4. The three most common reasons for expulsion were: 'persistent infringement of schools rules' (28% of incidences),

'physical attack on a pupil' (24%) and 'disruptive behaviour in class' (12%). (DOE)

Belfast (7%) and the Southern Regions (8.3%) have the highest percentage of primary school children with English as an additional language, well above the NI average (4.9%). Overall in Northern Ireland for 2014/15 there were 8,080 primary pupils with English as an additional language.

Belfast (2.3%) and the Southern Regions (3.4%) have the highest percentage of post-primary pupils who have English as an additional language, with Southern Region well above the NI average (1.7%). Overall in Northern Ireland for 2014/15 there were 2,450 post primary pupils with English as an additional language.

For the period Oct – Dec 2015, the NI NEETs rate for those aged 16-24 stood at 13.8%, compared to a UK average of 11.5%. Of the countries within the UK, Northern Ireland had the highest 16-24 NEETs rate.

All regions have experience an increase in uptake of pre-school places, with the exception of the Southern Region (90%). Belfast Region (97%) has consistently had a higher uptake of pre-school places. (**Please note:** *The above percentages are based on mid-year estimates of the averages of 3 and 4 year olds.*)

4.3% per 1,000 0-17 year olds in the Belfast area have been victims of domestic violence. This is considerably higher than the Northern Ireland average of 3.6%. Domestic abuse offences have increased over the years with Belfast (9.7%) and the Western Regional Area's (7.8%) being higher than Northern Ireland's Average (7.3%).

In 2014/15 there were 3 children killed on the roads within Northern Ireland. In 2014/15 there were 887 children seriously or slightly injured on the roads within Northern Ireland, 48 fewer than in 2013/14. Belfast area has the highest number of injuries with 231 in 2014/15.

In terms of antisocial behaviour in 2014/15 all areas are below the NI rate of 33.1, except the Belfast Area (51.8).

Service User Data (Service Users Survey 2015) general information on Offenders

Age		
18-24	26	%
25-29	20	%
30-39	25	%
40-49	16	%
50+	13	%

Religion

NI Population Stats

Bringing together the information on Religion and Religion Brought up in, 45% of the population were either Catholic or brought up as Catholic, while 48% belonged to or were brought up in Protestant, Other Christian or Christian-related denominations. A further 0.9% belonged to or had been brought up in Other Religions and Philosophies, while 5.6% neither belonged to, nor had been brought up in, a religion.

The current analysis is based on Census 2011 figures. Currently 90% of children on the Child Protection Register are White, (97.5% Census, 2011). 44% of children on the register were R.C (45.2% Census), 22% were Presbyterian, Col or Methodist (30.2% Census).

Children in Need

For those where religion was recorded, 31% were Roman Catholic, 37% were other Christian and non-Christian denominations and faiths and 4% had no religious beliefs. (Children Social Care Stats 2014/2015).

For 2015 to March 2016 religious affiliation was not recorded for over a quarter of the children. A third reported their religion as Roman Catholic., 37% were other Christian and non-Christian and 4% had no religious beliefs.

Child Protection Register

The majority of children on the Child Protection Register are Catholics. The SBNI could not find a reason for this so research

would need to be conducted (Child Protection Register summary for March 2016).

Looked After Children

By March 2016 the largest number of Looked After Children were Roman Catholic with a third from the main Protestant churches (these figures reflect the demographic trends within Northern Ireland as the Roman Catholic community have a younger age distribution). Over a tenth were from other Christian and non-Christian denominations.

Service User Data (Service Users Survey 2015) general information on Offenders

Religion	Roman Catholic	50%
	Protestant	35%
	Other	4%
	None	10%

Political Opinion

Given the evidence of CSE linked to gangs and groups within England (The Office of the Children’s Commissioner in England interim report on CSE in gangs and groups Nov 2012) it would be of interest to research the potential link of CSE to paramilitary gangs in Northern Ireland.

Electoral Office Northern Ireland

There are 1,210,009 people in NI registered to vote on the electoral register. 55.71% of those eligible to vote did so in the NI Assembly election in 2011. Of these 43.21% voted Unionist as their first preference vote, 41.18% voted Nationalist / Republican as first preference and approx. 15% Other.

Service User Data on those who started an Order in 2011/12 general information on Offenders

Political	PSRs N=2,917	New Orders
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	<table border="1"> <tr> <td>Opinion</td> <td>(47%)</td> <td>N=1,626 (44%)</td> </tr> <tr> <td>Unionist</td> <td>10%</td> <td>11%</td> </tr> <tr> <td>Nationalist</td> <td>12%</td> <td>12%</td> </tr> <tr> <td>None</td> <td>60%</td> <td>58%</td> </tr> <tr> <td>Other</td> <td>2%</td> <td>2%</td> </tr> <tr> <td>Prefer Not To</td> <td>17%</td> <td>17%</td> </tr> </table>	Opinion	(47%)	N=1,626 (44%)	Unionist	10%	11%	Nationalist	12%	12%	None	60%	58%	Other	2%	2%	Prefer Not To	17%	17%
Opinion	(47%)	N=1,626 (44%)																	
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Prefer Not To	17%	17%																	
Marital Status	<p>NI Population Statistics</p> <p>Almost half (48%) of people aged 16 years and over on Census Day 2011 were married, and over a third (38%) were single. Just over 1,200 people (0.1%) were in registered same-sex civil partnerships in March 2011. A further 9.4% of usual residents were either separated, divorced or formerly in a same-sex civil partnership, while the remaining 6.8% were either widowed or a surviving partner.</p> <p>In 2008, 121 people aged 16-19 years old were married in Northern Ireland (Northern Ireland Statistics Agency)</p> <p>Evidence from Case Management Reviews (Translating Learning into Action: An overview arising from CMRs in Northern Ireland 03 – 08 Devaney et al) highlighted that 22 out of the 24 cases the children were living with or had substantive contact with their mother at the time of the event leading to the CMR. Details on fathers and father figures were poor in a number of reports, even allowing for the fact that some reports highlighted the lack of information on fathers and father figures in agency records. In some cases where birth parents had separated there was sometimes a high level of acrimony between parents about finances, child care arrangements such as contact and other matters, which complicated parent’s abilities to retain a focus on their child’s needs.</p> <p>Service User Data on those who started an Order in 2011/12 general information on Offenders</p> <table border="1"> <tr> <td>Marital Status</td> <td>PSRs N=2,958 (48%)</td> <td>New Orders N=1,635 (45%)</td> </tr> <tr> <td>Single (Never</td> <td>70%</td> <td>77%</td> </tr> </table>		Marital Status	PSRs N=2,958 (48%)	New Orders N=1,635 (45%)	Single (Never	70%	77%											
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Married	16%	12%											
Separated	7%	5%											
Divorced	6%	5%											
Widowed	1%	1%											
Dependent Status	<p>NI Population Statistics</p> <p>Out of a total of 703,275 households the following break-down was found on Census Day 2011:</p> <p>Married or in a registered same-sex civil partnership:</p> <p>With no children = 10.28%</p> <p>With dependent children = 19.72%</p> <p>Children non-dependent = 8.31%</p> <p>Co-habiting couple:</p> <p>With no children = 2.92%</p> <p>With dependent children = 2.3%</p> <p>All children non-dependent = 0.26%</p> <p>Lone Parent:</p> <p>With dependent children = 9.13%</p> <p>All children non-dependent = 5.12%</p> <p>Other household types:</p> <p>With dependent children = 2.7%</p> <p>In summary, in 2011, one-third (34%) of households contained dependent children, down from 36% in 2001.</p> <p>A dependent child is a person in a household aged 0-15 (whether or not in a family) or a person aged 16-18 who is a full-time student and in a family with parent(s).</p> <p>There are 13.8 million dependent children living in families in the UK in 2015 (National Statistics, 2015)</p> <p>There are over 2,800 children in care In Northern Ireland. Over 23,000 children received support from children’s services in Northern Ireland last year (NSPCC)</p> <p>Barnardo’s statistics show that in England 0.6% of young people under the age of 18 are in care. 18% of their male and female service users were ‘Looked After Children’</p> <p>However, failings on the part of those providing care to the victims included: a lack of early assessments to identify learning difficulties or disabilities; a different understanding of what the disability meant by agencies, resulting in differing support; and a lack of multi-agency working that linked CSE and learning difficulties or</p>												

disabilities (Barnardo's 2016)

In Northern Ireland 38,418 children were referred to social services in 2014/2015. There were 2875 Looked After Children in Northern Ireland at 31st March 2015. There are 241 Looked After Children who had three or more placements in the year ending 31st March 2015. (NSPCC how safe are our children 2016)

Looked After Children

At 31 March 2015, 2,875 children were looked after in Northern Ireland. This was the highest number recorded since the introduction of the Children (Northern Ireland) Order 1995. The majority of Looked After Children in Northern Ireland had been looked after for less than three years, with just under a tenth looked after for ten years or longer. Of the 2,875 Looked After Children, 76% were in foster care, 12% were placed with family, 7% were in residential care and 5% were in other placement types. 23% had been in care for less than 1 year; with 8% in care for 10 years or longer. (CYPSP)

Three quarters of the Looked After Children were in foster care placements (76%), 12% placed with parents, 7% in residential care and 5% in other placements. This was similar to previous years

During 2014/15 there were 844 admissions to care and 825 discharges (Children's Social Care Statistics for Northern Ireland 2014/2015)

Children's residential homes

At 30 June 2015 there were 49 children's residential homes in Northern Ireland, 41 were statutory and 8 were independent

Day care

At 31 March 2015 there were 4,616 individuals/facilities registered as day care provision for children aged 12 and under in Northern Ireland. This was a 9% decrease on the previous year

Similar to the previous years, the majority of day care provision was provided by child minders followed by, in descending order,

playgroups, day nurseries, out of school clubs and other organisations.

At 31 March 2015 there were 55,200 registered places for day care in Northern Ireland representing a decrease of 2% on the previous year

The NSPCC have displayed these statistics on their website. Children in care are 4 time more likely to have a mental health problem than their peers. (Office of National Stats) Clinically significant conduct disorders, emotional disorders (anxiety and depression), hyperactivity and less common disorders (pervasive developmental disorders, tics and eating disorders.) 10% of children aged 5-16 living in private homes in GB. 45% England and Scotland and 49% in wales.

Children in care are less likely to do well in school. In 2014 Outcomes for children looked after by authorities they showed this. In 2014 12% of pupils who were Looked After Children achieved 5 GCSEs grade A*-C including English and Mathematics, compared to 52% of children that are looked after.

A small proportion of children in care experience further abuse of neglect whilst in care. Biehal et al (2014) Keeping children Safe: allegations concerning the abuse of neglect of children in care: final report estimated that there was one sustained allegation per 100 children in foster care and 2-3 sustained allegations per 100 children in residential care.

60% of children enter care because of abuse or neglect (Jütte et al 2015).

34% of care leavers were not in education, training or employment at the age of 19 compared to 15.5% of the general population.(2014 Children looked after ending of march 2014) 27,220 former care leavers aged 19, 20, 21, 38% were not in education, training or employment (NEET).

Children's Law Centre 'Our Lives in Our Words' 2015

This research described how young people in care (especially focusing on secure care) felt about the UNCRC. It is displayed that these children feel cheated and not listened to. Below are some of the key findings from the report

A group discussion with young people in each unit (4 in Pi: 3 females, 1 male; 6 in Arc: 5 females, 1 male) started with a description of the process of reporting to the UN Committee on the Rights of the Child and explanation about why the young people were being consulted. The group was next asked to consider what rights they thought children (i.e. under-18s) should have and whether they thought children actually have these rights. The final element of this session focused on the UNCRC general principles: whether they thought any groups experience discrimination; whether they thought organisations working with children/ young people (e.g. care homes, health services, schools) or courts make decisions based on the best interests of the child; whether children/ young people receive the help and support they need for their physical, mental, social and moral development; whether children/ young people are helped to express their views in all matters affecting them and whether their views are given due weight. Young people feel that their rights in terms of care are being neglected and not listened to.

Confidential interviews were conducted with eight individuals from both units (6 females, 2 males) - two on their own, six in pairs. Some of the key responses from the interview stated that people 'in care' feel they get differential treatment from those children who are not in care. These children and young people feel there is a lack of appropriate responses to vulnerable people. They feel that secure care is ineffective and doesn't help.

Differential treatment of children and young people 'in care'

Consulted young people considered that they were more closely monitored by social workers than their peers were by their parents/ carers. Some commented that social workers are "*too sharp ... you do the wrong thing and they're right down on you*". A young woman commented:

"You are treated differently. There are people out there [outside Lakewood] that are 10 times worse. Just 'cos we have social workers, we're in here. They don't let you do anything."

This differential treatment included what the consulted young people saw as harsher responses to their drug use. One young man stated:

"If you're in care, you're treated differently. Your social worker's onto you if you take drugs. Then you're sent here [to Lakewood]. Other people are taking drugs, all your mates are taking drugs, and nothing happens to them. They wouldn't end up in here."

Lack of appropriate responses to vulnerable young people

Noting the potential negative impacts of available care placements for vulnerable young people, one young woman talked about being in an intensive residential care home before being placed in Lakewood:

“With 6 other young people who’ve all got loads of problems – all being together in one place, you’re bound to go mad!”

In response to a question about the support needed by young people to stop them being sent to Lakewood, a young woman stated: *“You need help outside, while you’re off the rails”*. Asked what kind of help was required, she responded:

“Anger management...managing your own safety.”

A young man stated that the people making decisions about him did not know him – only meeting him when negative things had happened. It was his view that: *“what’s on paper and what’s in life are two different things.”*

Confirming a strong sense amongst consulted young people that their views were not taken into account when decisions were made about matters affecting them, another young woman stated: *“They should listen to me. It’s not best for me to be in here”*.

These examples illustrate the tensions involved in taking a young person’s views into account while responding in the ‘best interests of the child’ when their actions are potentially harmful or they do not have the same level of concern for their own well-being as the adults who are responsible for their care.

Recognising the need for earlier intervention, this young woman stated:

“They need support and help earlier – when they’re still a child. I needed a social worker when I was a child but one didn’t come into my life ‘til I was 14. The support we have now would have been better when we were younger. It’s too late when you’re 16 or 17, you don’t want help then. You need it when you’re younger ... It should be way, way younger. There’s always going to be cases that won’t get picked up, but you need to help the ones you can get.”

Confidentiality is not kept. In discussion about confidentiality, one young woman appreciated that *“if something bad has happened, it should be passed on – if someone is going to be saved from something.”* But she was concerned that *“they pass on things*

you've said, even though it's not that serious, and that can mess up your whole life".

While in care

Two of the consulted young people described foster care placements which they considered inappropriate, as they had placed quite a distance away from where they had been living. One raised concern about her mother not being able to afford to visit her in her new foster care placement and being placed with a lesbian couple: *"I didn't want that, like."* The other was placed with a single woman in her sixties and described how she *"just sat and watched telly all day, wasn't allowed a phone or internet"* before repeatedly running away.

Most of the consulted young people felt they had not been listened to in their LAC reviews. One mentioned that she had decided not to attend because *"You're not listened to. I'd get pissed off – people just write stuff down but say nothing."* An advocate from VOYPIC [Voice of Young People in Care] now attended on her behalf. A second stated: *"They make decisions but don't listen to you when you tell them what will happen if they do that."* She recounted how it was decided at a LAC review that contact with her mother should be supervised despite her protestation that, because of her mother's own care experiences and dislike of authority, this would mean her mother would not visit. The young woman's prediction was realised and she reported that she consequently had no contact with her mother while in Lakewood.

Ineffective response

One suggested that repeat admissions were indicative of an ineffective response to the needs of the individual concerned: *"If a young person ends up in Lakewood once, I can understand that. But if they keep coming, it obviously isn't working."*

'How are children and young people doing?' (CYPSP) published 2016

The percentage of young people living in overcrowded accommodation has been static across all areas in the past few years, with the exception of South Eastern (1.6%) which has decreased in 2014/15. The higher percentage of children and young people affected by overcrowding continues to be within the Belfast area (3.4%).

Trends show the number of families with children presenting to NIHE as homeless has increased slightly in the last year from

5,832 in 2013/14 to 6,522 in 2014/15. Belfast is the highest area with families with children presenting to the NIHE as homeless with 2,200 in 2014/15. However, since 2009/10 the number of families with children presenting to the NIHE have increased significantly from 4,396 in 2009/10 to 6,522 in 2014/15.

The number of families with children awarded as full duty applicants has fluctuated across all areas since 2008/09. Overall there were 5,582 Families with Children awarded as Full Duty Applicants across NI in 2014/15. Overall, Belfast District continues to have the most children in Families awarded with Full Duty Applicants, with all areas increasing in 2014/15. A total of 9,468 children were living in Families awarded Full Duty Applicants. Overall, Belfast District continues to have the most young people awarded with Full Duty Applicants. All districts have seen decreases in 2014/15, except the Southern Area, which experienced a significant increase from 5 in 2013/14 to 14 in 2014/15.

When people are forced to move into temporary accommodation, their health suffers. The uncertainty of their situation often combined with poor living conditions, impacts both physically and mentally on homeless individuals and families. There are significantly higher numbers of families with children living in temporary accommodation in the Belfast District with 312 in 2014/15 compared to the other districts which range from 33-163. All areas have shown slight increases in 2014/15, with the exception of the Southern District which has dropped by 1.

Overall at 31 March 2015 there were 1,285 children living in temporary accommodation across NI. There were significantly higher numbers of children living in temporary accommodation in the Belfast District (541), although this area did experience a decrease in their numbers from 575 in 2013/14, while all other areas seen an increase in their numbers for 2014/15.

Service User Data on those who started an Order in 2011/12
 general information on Offenders

Dependants	PSRs N=2,993 (48%)	New Orders N=1,658
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	(45%)												
	<table border="1"> <tr> <td>None</td> <td>53%</td> <td>56%</td> </tr> <tr> <td>Child/ Children</td> <td>45%</td> <td>42%</td> </tr> <tr> <td>Person with</td> <td>2%</td> <td>2%</td> </tr> <tr> <td>Elderly Person</td> <td>2%</td> <td>1%</td> </tr> </table>	None	53%	56%	Child/ Children	45%	42%	Person with	2%	2%	Elderly Person	2%	1%
None	53%	56%											
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Person with	2%	2%											
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Disability	<p>According to the NI Survey of Activity Limitation and Disabilities (NISALD) 2007 18% of the population in NI are limited in their daily activities for reasons associated with a disability of long-term condition.</p> <p>21% of adults in NI had a disability and 6% of children/young people had a disability. Disability was noted to be higher amongst boys than girls. Almost 4% of children in NI were living with two or more disabilities.</p> <p>http://www.csu.nisra.gov.uk/NISALD%20Household%20Prevalence%20Report.pdf</p> <p>NI Population Statistics</p> <p>Just over one in five of the usually resident population (21%) had a long-term health problem or disability which limited their day-to-day activities. In response to a similar question in 2001, 20% had a long term illness, health problem or disability which limited their daily activities or the work they can do.</p> <p>Children with disabilities in general are at greater risk of all forms of abuse and are particularly vulnerable to CSE. It is reported that a high proportion of young people referred to Barnardo's NI Safe Choices Project have some level of learning disability.</p> <p>Child protection</p> <p>For those that were allocated for further action, the majority related to a carer who needed support to give appropriate care for the child (76%), 21% related to child protection investigations and 2% related to a child with disability (Nation Statistics).</p> <p>Having a disability was more prevalent amongst the male children in need, with 21% of males being recorded as having a disability compared with 11% 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 79% were males. This parallels recent research indicating that autism is more prevalent amongst males than females of school age in Northern Ireland</p>												

Children in need

Of the 23,834 children in need in Northern Ireland, 17% were recorded as having a disability. Almost half of these had a learning disability (Children Social Care Stats 2014/2015)

In 2015, 4,031 children in need have a disability in Northern Ireland. 48% of these have a learning disability, 30% has autism, 12% have physical disabilities, 7% have sensory disabilities and 2% have other disabilities (CSCS).

The 2015 to March 2016 figures indicate of the 24,698 children in need, 17% have a disability with almost half of these having a learning disability.

Looked After Children

By March 2016 of the 2,890 children Looked After 13% were recorded as having a disability and over half of these had a learning disability. Disability was more prevalent in males than females, particularly in relation to autism.

Barnardo's 2016 'It's not on the Radar' document found that children and young people with a disability are three times more likely to be abused than children without a disability. Within this group, children with behaviour or conduct disorders are particularly vulnerable. Learning difficulties or delayed development may be a consequence of trauma or sexual abuse. Due to a young child being abused and/ or neglected from a young age could relate to problems in their development leading to them issues with learning disability.

The NSPCC have found numerous reasons to why it is hard for a child that is disabled to open up about abuse. Firstly, there are communication barriers. A deaf child or a disabled child that has problems with their speech may find it difficult to communicate with someone about their issue. Due to the lack of communication or clear understanding of the communication, professionals may not have the knowledge and understanding to communicate with the child/young person through means of non-verbal or to understand what they are saying. Due to the communication barrier professionals may take an adults information over the child's. Secondly, there is increased isolation with disabled children/young

people. They are less likely to have contact with others than those who do not have any disability. They may be excluded further if they have restricted access for example if they are in a wheel chair or require a sign language interpreter. They may need carers to take them out which restricts their contact with other children/young people. Thirdly, the dependency on others. Disabled children/young people come in contact with a wide range of carers and other adults for practical assistance in everyday living; this may mean increased vulnerability due to being left alone with an abusive adult. If a child/young person is abused by a carer they rely on they may be reluctant to report the incident as they fear that the support that they need will stop.

Research shows that disabled children are less likely to disclose abuse and more likely to delay disclosure than their non-disabled peers (Hershkowitz, Lamb and Horowitz, 2007). The NSPCC discuss the inadequate response to disabled children reporting child abuse. If a disabled child reports child abuse they may not get the correct help they need due to communication barriers where the adult may not fully understand what the child is telling them.

Evidence from Case Management Reviews (Translating Learning into Action: An overview arising from CMRs in Northern Ireland 03 – 08 Devaney et al) demonstrated that out of the 24 reviews the most common disabilities were poor mental health and cognitive disabilities. In addition alcohol, solvent and drug misuse by the child/young person were concerns in eleven of the reviews. As a consequence many of the children were in receipt of services before the incident leading to the CMR.

In relation to professionals, parents/carers and children/young people with a disability it is recognised that the SBNI may need to make reasonable adjustments, for example they may need accessible formats in relation to communication materials, engagement supports and/or accessible venues.

The CMR Reports have specific guidelines in relation to formatting such as using Arial 12 with 1.5 spacing. This may present issues

for those with a disability.

Children/young people that were involved in case reviews had a number of different conditions, including deafness, learning difficulties, social and emotional developmental delay, neurological conditions and/or life limiting medical conditions. These disabilities may make young people vulnerable needing help from child protection services. In these case reviews, children died or suffered serious harm in different ways such as suicide, chronic abuse and neglect, CSE, killed by a parent or a killer, etc (NSPCC, 2016).

The NSPCC research showed that injuries and developmental delay accepted as related to the disability. In some cases, the underlying causes of disabilities were not established and the possibility of abuse had been involved was not considered. Sometimes parents' explanation of children's injuries being due to their disability was accepted without any exploration of alternative causes. Lastly, sometimes developmental delay was interpreted as a health problem without looking at possible environmental causes, such as neglect. The NSPCC findings show that neglect or misunderstanding of disabled children leaves them vulnerable resulting in them needing protection (NSPCC, 2016).

NSPCC found that many children and young people with a disability had been subject to bullying from other children. This had a significant impact on their mental health and emotional wellbeing. Some young people were depressed, anxious, angry or embarrassed about their disability. This resulted in reluctance to engage with support services, refusal to take medication and low self-esteem. This had led to some young people figuring out a way to hide their disability, resulting in professionals over-estimating their ability to protect and support themselves (NSPCC, 2016).

Children's law centre 2015 annual lecture

Mental Health

27% of children and young people surveyed, reported having a mental health concern:

- Of these, only a third said they had received help for their mental health problem and only two thirds of those who received help said they were satisfied with the help they received;
- Many young people with a mental health concern said they were more likely to go online for help or nowhere at all.

Young people told us that the stigma of having a mental health

concern prevents many young people from seeking help:
“...diabetes is ok...depression or mental health problems are not...”

Experience of using mental health services

In the survey some young people reported positive experiences:

“The doctors at CAMHS at ... helped me to become healthier.”

However an equal number of young people reported negative experiences:

“I felt that I was unsupported, patronised and intimidated.”

To summarise, NI young people want government to:

- Properly fund services for young people with mental health problems;
- Provide more programmes to encourage young people to seek help;
- Fully consult with children and young people in developing a better CAMHS service in Northern Ireland.

‘How are children and young people doing?’ (CYPSP) published 2016

All areas have seen an increase in the number of Children with a Disability in receipt of DLA. Belfast (61.51%) and the South Eastern Area (53.64%) are both higher than the NI average (48.36%). Overall at 2015 there were 18,560 Children aged 0-15 claiming DLA.

At March 2015 in NI 15.71% of P1 children were overweight - this is the lowest level in this series. In NI 5.50% of P1 children were obese, the highest rate over the past 7 years.

Research indicates that there is strong link between speech, language and communication needs and social disadvantage. 7% of children aged about 5 years have specific speech and language impairment and it is estimated that a further 1.8% (1,753 per 100,000 population) have SLCN linked to other conditions such as learning disability, cerebral palsy, autism spectrum disorders (taken from Enderby et al 2013). However, studies have shown that in some socially deprived areas upwards of 50% of children may start school with impoverished SLC skills.

All Party Parliamentary Group on Speech and Language Difficulties (2013) The links between speech, language and communication

needs and social disadvantage. London: Royal College of Speech and Language Therapists

http://www.rcslt.org/governments/docs/appg_report_feb_2013

Tomblin, J. B., Records, N. L., Buckwalter, P., Zhang X., Smith, E. and O'Brien, M. (1997).

Communication Matters (2013) Beyond the Anecdote: Examining the need for , and provision of, AAC in the United Kingdom

¹ Locke, A., Ginsborg, J. and Peers, I. (2002) Development and disadvantage:

implications for the early years and beyond, *International Journal of Language and*

Communication Disorders, 37(1), pp. 3-15.

Speech. Language and communication difficulties affect more children/young people in Northern Ireland than any other single condition and are core impairments for many children with a learning, physical or sensory disability, NI Speech and Language Therapy Task Force: report on Speech and Language Therapy Service for Children and Young People, July 2008.

7% (two in every classroom) of all children have speech, language and communication needs (SLCN), arising to 50% of children from socially disadvantaged communities. (All Party Parliamentary Group on Speech and Language Difficulties (2013) The links between speech, language and communication needs and social disadvantage. London: Royal College of Speech and Language Therapists)

Evidence has shown that children who have complex needs are more at risk of abuse and this is –partly because of their communication difficulties. Studies have suggested that disabled children are more likely to experience abuse than their peers and that children with communication difficulties could be at greater risk of abuse than other disabled children. (Stalker, K. and McArther, K. (2010) Child Abuse, child protection and disabled children: a review

of recent research, Child Abuse Review (p.2 and p.14). Snow, P. (2009) Child maltreatment, mental health and oral language competence: inviting speech-language pathology to the prevention table, International Journal of Speech-Language Pathology, 11(2), pp. 95-103.

Service User Data (Service Users Survey 2015) general information on Offenders

_____	5
None	2
	%
Mental Health	3
Condition	5
	%
Learning Disability /	1
Difficulty	2
	%
Long Term Illness	1
	%
Physical Impairment	8
	%
Other	4
	%
_____	1
Sensory Impairment	%

Ethnicity

Child in need

70% 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). [Children Social Care Stats 2014/2015].

For 2015 to March 2016 ethnic background was not recorded for a fifth of children in need, 73% were recorded as White and 5% from Ethnic Minorities, these included Irish Traveller.

Child Protection

53,600 White mixed 6,170, Asian 2,660, Black 4,920, other 1,700 all ethnicities looked after under the child protection order (National tables).

Looked After Children

The vast majority of children Looked After by March 2016 were white; the remaining 4% were from a number of ethnic minority groups.

Barnardo's 2016 'It's Not on the Radar' found that cultural and religious views and practices, particularly those that prize a female's virginity or a male's heterosexuality, may prevent victims from speaking out due to a fear of retribution or rejection from families.

In Barnardo's child sexual exploitation services in 2014–15, the majority of victims (64%) were white British; 4% were white – any other background; 1% white – Irish; 3% Pakistan Asian; 0.5% Asian – Indian; 3% mixed/multiple – white/black Caribbean; and 0.5% mixed/multiple white/black African.⁴⁴ As a rough comparison, in 2011, 86% of the population of England and Wales were white and, of these, 80.5% were white British.

The NSPCC stated that cyber-bullying and bullying could be a result of a child being from an ethnic minority background. 25% of children from minority ethnic backgrounds had experienced racist bullying, according to one study carried out in mainly white schools (Cline et al, 2002)

Gohir, (2013) 'Unheard voices: The sexual exploitation of Asian girls and young women' The key finding of 'Unheard voices' was that Asian/Muslim female children can be vulnerable to being groomed and sexually exploited, and are vulnerable to perpetrators from their own communities. This was based on evidence that the vast majority of offenders were from the victims' own communities. The research also found that Asian/Muslim children and adults have 'specific vulnerabilities associated with their culture which are exploited and also constitute a barrier to disclosure and reporting. The reason that CSE is less likely to be reported by a person from an ethnic minority is due to barriers such as language or shame due to their culture.

The Home Affairs Select Committee 2013 quotes witnesses saying that there were 'cases of groups of Asian men grooming Asian girls but these do not come to light because victims are often alienated

and ostracised by their own families and by the whole community, if they go public with allegations of abuse’.

NSPCC ‘How safe are our children 2016’

The National Crime Agency estimate that there were 732 children trafficked in 2014. 224 children were referred to the NSPCC Child Trafficking Advice Centre (CTAC) between November 2014 and October 2015. The most frequent exploitation type that was reported to the CTAC was sexual exploitation followed by criminal exploitation. 38% of children referred to CTAC originate from Asia. Europe accounts for 28% and Africa 27%.

‘How are children and young people doing?’ (CYPSP) published 2016

Since 2013, there has been a significant increase in the number of offences recorded with a racist motivation. In 2014/15 Belfast had a significant amount of racially motivated offences with 506. This is significantly higher than the other regions that range from 71 – 139.

In the [January 2015](#) School Census, the most common languages other than English to which pupils of compulsory school age and above are exposed outside school and the number and proportion of pupils exposed to them are as follows.

Language	Number of Pupils (1)	Percentage of all pupils
Urdu	123,530	1.8
Panjabi	91,406	1.3
Polish	90,506	1.3
Other than English (not specified)	84,139	1.2
Bengali	74,635	1.1
Somali	46,361	0.7
Arabic	41,951	0.6
Gujarati	40,735	0.6
Portuguese	29,759	0.4
Tamil	29,634	0.4
Believed to be other than English (not specified)	29,221	0.4
French	26,290	0.4

	<p>Source: School Census January 2015</p> <p>In 2015/16 there are more than 80 first languages spoken by pupils other than English, with Polish and Lithuanian being the most common behind English.</p> <p>More than 5,500 pupils participate in funded Irish medium education. (Department of Education, NI Statistics and Research Agency: Statistical Bulletin: Annual enrolments at schools and in funded pre-school education in Northern Ireland 2015/2016.</p> <p>Service User Data (Service Users Survey 2015) general information on Offenders</p> <table border="1" data-bbox="335 801 1045 1025"> <tr> <td>Ethnicity</td> <td>White</td> <td>98%</td> </tr> <tr> <td></td> <td>Other</td> <td>2%</td> </tr> </table>	Ethnicity	White	98%		Other	2%
Ethnicity	White	98%					
	Other	2%					
Sexual Orientation	<p>It is estimated that one in ten people in NI are from Lesbian Gay Bisexual Transgender groups.</p> <p>NSPCC state that bullying and cyber-bullying could result from sexual orientation. Sexual bullying happens when gender or sexuality is used as a weapon by boys or girls towards others. Both boys and girls can suffer sexual bullying, but it's more common for girls to be victims (Ringrose et al, 2012).</p> <p>55% of young people who identify as lesbian, gay or bisexual experienced homophobic bullying at school (Guasp, 2012)</p> <p>A study carried out by Youthnet, commissioned by the Department of Education, involved a questionnaire, survey and focus groups for young people. This research found that there was typically a five year period between young people knowing they were LGBT and telling someone else. The vast majority (78%) came out to friends first, and most (63%) felt they could not tell their parents when they first came out. Though the vast majority (86%) were aware of their orientation at school, very few got information or support at school. Many had experienced negative attitudes or bullying, with few seeking support, and some leaving school earlier than they would have preferred because of bullying. A significant number (29%) of young people who took part in the research had attempted suicide, and half of those who identified as transgendered had self-harmed.</p>						

Half of respondents had also experienced negative attitudes towards sexual orientation while they were members of youth organisations, though the majority (78%) believed that youth organisations should deal with the needs of young LGBT people. (The Needs of young people in NI Youthnet.).

The Draft Sexual Orientation Strategy published in 2006 identified the main concerns for Lesbian, Gay and Bisexual (LGB) people to be areas such as health, employment, violence, partnership rights and housing, in addition to specific issues for young people, minority ethnic LGB people and lesbian women. While some progress has been made, for example, in relation to partnership rights, LGB people continue to be discriminated against and to suffer homophobic bullying and violence. As a result, they are more likely to leave school without qualifications or with poor qualifications and to suffer mental ill-health. A study on homophobic violence and harassment in Northern Ireland found that four out of five respondents had encountered some form of homophobic harassment, and more than half (55%) had experienced homophobic violence .

The Rainbow Project carried out a survey of 190 gay men aged 15 to 25 years: two out of three of those surveyed had difficulties in school related to their sexuality and almost half (45%) reported homophobic bullying.

Research by YouthAction NI into the experiences of young women growing up in NI highlighted the vulnerability of young lesbians who face family rejection.

The “Through Our Eyes” research carried out by The Rainbow Project into LGBT people’s experiences and perceptions of homophobic hate crime and policing in Northern Ireland found that one in five (21%) of LGB people had been the victim of a homophobic hate crime in the previous 3 years and one in ten had been the victim of a homophobic hate crime in the past year. The study also found that two out of every three homophobic hate crimes were never reported to the police.

More recently, the 2011 report by the Equality Commission revealed that 8 out of 10 people who experienced homophobic discrimination in Northern Ireland do not report the crime, as they are convinced there is no point.

Research also found that young people who said they were sexually attracted to people of the same sex were “significantly more likely to have poor mental health and to say they had been bullied at school”. They also found evidence that same/both-sex-attracted 16 year olds experience higher levels of social pressure than their opposite-sex-attracted counterparts to engage in behaviours that may damage their general and mental health, such as drinking alcohol, taking illegal drugs or losing weight.

The 2008 YLT data also revealed that 4 out of 10 (40%) same-sex-attracted 16-year-olds reported emotional, mental, or personal problems, compared with less than a quarter of opposite-sex-attracted 16-year-olds. Nearly 4 in 10 same-sex-attracted young people said they thought about self-harming (39%), which is more than 3 times the incidence among opposite-sex-attracted respondents (11%). A fifth (20%) of same-sex-attracted young people had injured themselves more than once, five times the rate of opposite-sex-attracted YLT respondents, among whom only 4% had self-harmed more than once.

According to a SHOUT report young people who identify as Lesbian, Gay or Bisexual are –

- At least 2.5 times more likely to self-harm;
- 5 times more likely to be medicated for depression.

Barnardo’s report ‘It’s Not on the Radar’ 2016 discusses research made by Donovan (2014). This research states that LGBT young people fear admitting they were victims of CSE due to lack of acceptance of their sexuality or gender identity. It also shows that the LGBT communities are more prone to looking to strangers for support on their sexuality and this opens up their vulnerability to CSE. There are very few educational resources or general information to what a healthy gay relationship is, so this will leave an LGBT young person more vulnerable.

‘How are children and young people doing?’ (CYPSP) published 2016

Since 2008/09, there has been a significant increase in the total number of offences recorded with a homophobic motivation. NI has seen a 56% (75) increase in the number of recorded crimes with between 2008/09 and 2014/15. The highest region in Northern Ireland for homophobic motivation is within Belfast which is

significantly higher with 84 whereas the other regions range from 24-40.

Out on Your Own – The Rainbow Project (2006) - 65.3% of young gay and bisexual men (NI) reported that they were subjected to homophobic bullying while they were at school. Of those who were bullied 84.5% considered suicide, 35.3% attempted suicide and 41.2% self-harmed.

Young people who identify as Lesbian, Gay or Bisexual are –

- At least 2.5 times more likely to self-harm
- 5 time more likely to be medicated for depression
- At least 3 times more likely to attempt suicide

Young LGB people, particularly those from rural areas, may be more likely to go to online networking sites in order to meet people. This may make them more vulnerable to online abuse and exploitation.

Service User Data on those who started an Order in 2011/12
general information on Offenders

Sexual Orientation	PSRs N=2,914 (47%)	New Orders N=1,615 (44%)
Heterosexual/	99%	99%
Gay/ Lesbian	1%	1%
Bisexual	*	*

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.

Category	Section	Needs and Experiences
Gender	Core Procedures Child Protection Enquiries	Gender identity needs to in relation to the awareness of the interviewer

	<p>Core Procedures Assessment</p>	<p>The UNOCINI from does identify the issue of gender but there is no scope for capturing gender identity if different from birth.</p>
	<p>Core Procedures Child Protection Case Conferences</p>	<p>The section on Pre-birth Case Conferences specifically relates to women. This is intentional but it is expected that other significant adults including the child/young person's father should be included.</p>
	<p>Safeguarding Practice Guidance relating to self-harm and suicide</p>	<p>The specific vulnerabilities of those who are dealing with issues due to being dysmorphic needs to be considered.</p>
	<p>Safeguarding Practice Guidance: Female Genital Mutilation</p>	<p>This policy and procedure specifically relates to female. This is intentional as it specifically relates to female children/young people.</p>
	<p>Safeguarding Practice Guidance: Domestic Violence and/or Sexual Violence and Abuse</p>	<p>It is widely accepted that women are more likely to be victims of domestic violence, however it is noted that men can be victims too.</p>
	<p>Safeguarding Practice Guidance: Forced marriage</p>	<p>It is generally viewed that forced marriage only happens to girls/women, however 15% of victims that are identified by the Forced Marriage Unit of the Foreign Office are male.</p>
	<p>Safeguarding Practice Guidance: Honour Based Violence</p>	<p>Gender identity can be seen to transgress concepts of honour and therefore trigger honour based violence if a perception exists that the victim is transgender.</p>
	<p>Safeguarding Practice</p>	<p>The policy and procedure applies to all</p>

	Guidance: E-safety	genders.
Age	Core Procedures Communicating effectively with Children/Young People Who Have Specific Communication Needs where abuse and or neglect is a presenting concern	Communicating effectively with children/young people who have communication difficulties can be challenging due to the age of the child/young person and/or their cognitive ability. All agencies/staff need to ensure they are able to communicate effectively with children/young people when undertaking an assessment of need or when they have concerns about a child/young person in relation to abuse and/or neglect.
	Core Procedures Responding to Abuse and Neglect	This relates specifically to younger and older children. This is intentional given the policy and procedures relate to protecting children/young people from child abuse and neglect.
	Core Procedures Child Protection Enquiries	The parents and children/young people of sufficient age and appropriate level of understanding should be given feedback on the outcome, in particular, in advance of any initial child conference that is convened. This information should be conveyed in an appropriate format for younger children and those people whose preferred language is not English. This needs reworded rather than excluding children and young people in terms of information and their right to have information. The method of communicating needs to be appropriate to the age and capacity of the child to understand.
	Core Procedures Child Protection Case Conferences	The parents and children/young people of sufficient age and appropriate level of understanding should be given feedback on the outcome, in particular, in advance of any Child Protection Case Conference that is convened. This information should be

	<p>Safeguarding Practice Guidance: Fabricated or Induced Illness</p>	<p>conveyed in an appropriate format for younger children and those people whose preferred language is not English. The method of communicating needs to be appropriate to the age and capacity of the child to understand.</p> <p>Babies and very young children may be at greater risk of fabricated or induced illness due to communication difficulties.</p>
Religion	<p>Core Procedures Assessment</p> <p>Safeguarding Practice Guidance Abuse linked to Faith or Belief</p> <p>Safeguarding Practice Guidance: Honour based Violence</p> <p>Safeguarding Practice Guidance: Neglect</p>	<p>The UNOCINI Referral form captures religion of child/young person but not of the family.</p> <p>In some circumstances, abuse of a child/young person can be because the parents/carers believe the child/young person is 'possessed'; this can be due to the child/young person being different in some way, for example, disobedience, independence, bed-wetting, nightmares, illness, or disability.</p> <p>Rejection of religion or religious instruction can be a trigger for honour based violence.</p> <p>Parents/carers who have specific religious/cultural beliefs, such as how the child/young person should be raised for example how they receive health care, treatment, education and/or general nutrition may be considered neglectful due to the impact on the child/young person's health and development.</p>

	Safeguarding Practice Guidance Children Living Away from Home.	This could this be strengthened to say the needs of these groups will be met where possible, for example religious needs.
Political Opinion	Section 2: Safeguarding Practice Guidance Safeguarding Children and Young people against Radicalisation, Violent Extremism and Paramilitary Threat	Children/young people who live in areas associated with paramilitary groups may be more likely to be drawn into paramilitary activities, or be victims of such activity.
Marital Status	Section 1; Core Procedures Assessment Core Procedures Child Protection Enquiries Section 2: Safeguarding Practice Guidance: Honour based Violence/Domestic and sexual violence and abuse.	The UNOCINI form does record information on marital status but does not specifically record same sex partnership/relationships The assessment undertaken must include all forms of family units i.e. married parents, separated and divorced, civil partnerships, lone parents and new partners, cohabitees. Leaving a spouse or seeking a divorce can be a trigger for honour based violence.
Dependent Status	Core Procedures Assessment,	The needs of children/young people who take

	<p>Safeguarding Practice Guidance - parents with mental health and substances</p> <p>Dependents: Core Procedures, Child Protection Case Conferences</p> <p>Safeguarding Practice Guidance: Children/Young people of Parents that Misuse Substances/Hidden Harm AND Children of Parents with Mental health Problems AND Children/young people of Parents with Learning Difficulties</p> <p>Safeguarding Practice Guidance: Domestic Violence and/or Sexual Violence and Abuse</p>	<p>caring responsibilities for parent(s) and/or siblings needs to be recognised in the assessment. Record it</p> <p>There needs to be consideration given in relation to the timing and venue of the Conference to take account of those with dependents. For example school pick up times.</p> <p>Many children/young people of parents who misuse substances or who have mental health problems take on adaptive or caring roles within the family. Likewise children/young people of parents with learning difficulties may take increasing responsibility for caring for themselves and, at times, for their parents and other family members.</p> <p>Children/young people who witness domestic violence in their home can be impacted in a number of ways including increased anxiety, fear, poor peer relationships etc.</p>
Disability	<p>Core Procedures Communicating effectively with Children/Young People Who Have</p>	<p>Communicating effectively with children/young people, parents and carers who have communication difficulties arising from having a disability can be challenging. Types of communication difficulties can vary</p>

	<p>Specific Communication Needs where abuse and or neglect is a presenting concern</p> <p>Core Procedures: Responding to Abuse and Neglect</p> <p>Core Procedures Assessment</p> <p>Core Procedures Child Protection Enquiries</p> <p>Core Procedures Child Protection Enquiries</p>	<p>significantly for individuals for example, language barriers, speech problems, hearing impairments, cognitive ability, and/or sensory impairments. All agencies need to ensure they are able to communicate effectively with children/young people and their parents/carers when undertaking an assessment of need or when they have concerns about abuse and/or neglect.</p> <p>The policy and procedure highlights to staff the importance of considering the needs of children/young people, parents/carers and staff in relation to the accessibility of rooms and buildings to hold interviews and meetings.</p> <p>This policy and procedure refers to the communication needs of parents. The policy and procedure identifies disability as one of the criteria used.</p> <p>The UNOCINI form captures information on the child/young person's disability and communication needs. Some children/young people with a disability through their behaviour may place other children at risk of harm. This will depend on the individual child/young person and their needs.</p> <p>Children and young people who have specific physical/sensory/communication/learning disability and mental health disability will have particular needs when involved in child protection enquiries. This has been recognised but parents/carers with such needs have not. There may also be specific needs in regard to hidden disabilities e.g. cystic fibrosis, brain injury, and epilepsy.</p> <p>A parent may have communication needs due to disability and need support in relation to speech and language difficulties and those</p>
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	<p>Core Procedures Child Protection Case Conferences</p> <p>Case Conferences including Pre-birth Case Conferences.</p> <p>Attendance at Case Conferences</p>	<p>with learning disability.</p> <p>Whether or not they attend, the family should be encouraged and supported by the social worker, to record their contribution in writing. Those with a disability may have specific communication needs and may need to record their contribution by other means. The Chairperson of the Case Conference will ensure that the family is advised of its outcome. Again this should be in appropriate formats.</p> <p>There may be issues relating to mental health which impacts on the parent participating.</p> <p>A child/young person parent/carer with a disability may benefit from the attendance of a friend or supporter.</p> <p>Information on the child/young person's current and past state of health and development may include issues of disability and communication.</p> <p>Communication and language issues in relation to the reading of written information for the Case Conference. There is a need to ensure staff have adequate knowledge/understanding of the abilities of those with a disability rather than having a focus on the disability.</p> <p>If there are concerns about potential parenting capacity due to learning disability, mental health and some physical disabilities, this may raise issues relating to human rights.</p> <p>Some parents who have significant mental health difficulties may be too ill to participate in case conferences.</p> <p>Rather than a focus on ability, this should say 'encouraged/facilitated to contribute'. Also</p>
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	<p>Safeguarding Practice Guidance: Children/young people who have a disability</p>	<p>Interpreters/sign language interpreters, support person for a person with a disability should attend.</p> <p>The convenor of the Case Conference should arrange the date, time and venue of the Case Conference for the convenience of the majority of the participants, but pay particular attention to accessibility for the parent and/or child/young person and staff for example due to issues of disability. They may need to take account of those with dependents for example in relation to school pick-up times.</p> <p>Children/young people with a disability are children first and foremost. They may be more vulnerable to bullying, intimidation and abuse due to their disability. Those who have communication difficulties due to speech and language issues are particularly vulnerable. Children/young people with disabilities may need interpreters or relevant support to help them communicate their views in respect of their care and treatment. This needs to be recognised within the policy and procedure and the needs arising due to their disability has to be addressed.</p>
	<p>Safeguarding Practice Guidance: Children/Young people of Parents that Misuse Substances/Hidden Harm AND Children of Parents with Mental health Problems</p>	<p>Many adults who misuse alcohol or drugs also have coexisting mental health issues. These mental health issues can impact on parent/child relationships, which impacts on the child /young person’s well-being and development.</p>

	<p>Safeguarding Practice Guidance: Children/young people of Parents with Learning Difficulties</p>	<p>Factors such as culture, ethnicity, religion, disability may have implications on parents' understanding of their mental health problems and the potential impact on their child/young person.</p> <p>Evidence shows that members of the LGBT community are much more likely to misuse substances. There is however no such evidence relating to LGB parents and so it cannot be assumed that LGB parents are more likely to misuse substances.</p> <p>Parents with learning difficulties are likely to require some form of support to help them meet their child/young person's needs. They may need support to understand the safeguarding process, including use of an advocate. They may also need written materials relating to safeguarding in easy to understand format.</p> <p>Human rights issues are raised in relation this policy and procedure.</p>
	<p>Safeguarding Practice Guidance: Domestic Violence and/or Sexual Violence and Abuse</p>	<p>Those who are subjected to domestic violence and/or sexual violence and abuse are more likely to suffer depression and other mental health issues leading to self-harm, attempted suicide and/or substance abuse.</p>
	<p>Safeguarding Practice Guidance: Fabricated or Induced Illness</p>	<p>Children and young people may be more vulnerable due to communication difficulties.</p>
	<p>Safeguarding Practice Guidance:</p>	<p>Children and young people who are worried about or at risk of forced marriage or honour based violence may develop mental health issues, including depression, eating disorders</p>

	<p>Forced marriage / Honour Based Violence</p> <p>Safeguarding Practice Guidance: Neglect</p> <p>Safeguarding Practice Guidance: Self-harm and Suicidal Behaviour</p> <p>Safeguarding Practice Guidance Children Living Away from Home. This could this be strengthened to say the needs of these groups will be met where possible, for needs relating to disability.</p> <p>Section 3 Individuals who pose a Risk to Children/Young People Individuals who Pose a Risk to Children/Young People Management and Use of Information Concerning Known and</p>	<p>etc. and may be at greater risk of attempting suicide.</p> <p>Neglect may occur as a result of issues which affect the capacity of parents/carers to care for a child/young person such as mental ill health and learning disability.</p> <p>Children/young people with mental health issues will be more likely to self-harm and attempt suicide.</p> <p>This has been addressed in the policy and procedure.</p> <p>The offender may also be a parent/carer and have additional needs due to having a learning disability/physical disability. These need to be considered and taken account of for example in meetings with staff.</p>
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	<p>Suspected Offenders Against Children/Young People</p> <p>Section 5: Protocol – Pre-mobile Babies:</p>	<p>Issues relating to communication and language issues needs to be addressed in the protocol.</p> <p>The issue of disability in relation to the child/young person has not been included for inclusion in the protocol. This is an intentional decision as the protocol relates to children up 6months. Issues relating to disability are addressed in a separate policy.</p>
<p>Ethnicity</p>	<p>Core Procedures Communicating effectively with Children/Young People Who Have Specific Communication Needs where abuse and or neglect is a presenting concern</p> <p>Core Procedures: Responding to Abuse and Neglect</p> <p>Core Procedures Assessment</p>	<p>Communicating effectively with children/young people and their family/carers who have communication difficulties can be challenging due language barriers arising from ethnicity. All agencies/staff need to ensure they are able to communicate effectively with children/young people and their parents/carers.</p> <p>In working with children/young people and families, staff must establish the communication needs of the child/young person, parents and other significant family members and ensure appropriate methods are used to meet individual needs. This need to be reflected in the policy and procedures.</p> <p>If a parent's first language is not English it is recognised that they may need an interpreter and/or translated materials. This policy and procedure refers to the communication needs of parents.</p> <p>The UNOCINI form captures information on the child/young person's ethnicity and communication needs.</p>

	<p>Core Procedures Child Protection Enquiries</p> <p>Core Procedures Child Protection Enquiries</p> <p>Core Procedures Child Protection Case Conferences</p>	<p>Children and young people who have specific physical/sensory/communication/learning disability and mental health disability will have particular needs when involved in child protection enquiries. This has been recognised but parents/carers with such needs have not. There may also be specific needs in regard to hidden disabilities e.g. cystic fibrosis, brain injury, and epilepsy.</p> <p>If a parent's first language is not English it is recognised that they may need an interpreter and/or translated materials. The policy should be changed to reflect that this should be provided.</p> <p>In terms of involvement of the child/young person and/or parents whether or not they attend, they should be encouraged and supported by the social worker, to record their contribution in writing. Those with a disability may have specific communication needs. The Chairperson of the Case Conference will ensure that the family is advised of its outcome. Again this should be in appropriate formats.</p> <p>There may be issues relating to mental health which impacts on the parent participating.</p> <p>A child/young person and/or parent/carer with a communication/language need due to their ethnicity may benefit from the attendance of a friend or supporter.</p> <p>Information on the child/young person's current and past state of health and development may include issues of communication.</p> <p>There are communication and language issues in relation to the reading of written information for the Case Conference.</p>
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	<p>Safeguarding Practice Guidance: Fabricated or Induced Illness</p>	<p>Appropriate methods should be used.</p> <p>Interpreters/sign language interpreters, support person for a person with a disability should attend.</p> <p>Children and young people whose first language is not English may more vulnerable due to communication difficulties.</p>
	<p>Safeguarding Practice Guidance: Female Genital Mutilation</p>	<p>Children and young people who are from a community that are known to practise female genital mutilation will be more at risk of being subjected to the procedure.</p> <p>An interpreter may be needed for meetings relating to protection from female genital mutilation, and in particular a female interpreter. It will be particularly important in these cases that a family member is not used as an interpreter.</p>
	<p>Safeguarding Practice Guidance: Forced marriage/ Honour based Violence</p>	<p>Children and young people from particular ethnic groupings/ religious groupings will be more at risk of forced marriage and honour based violence. Children/young people may require support workers/interpreters from the same gender and if possible the same cultural background. It will be particularly important in these cases that a family member is not used as an interpreter.</p>
	<p>Safeguarding Practice Guidance: Safeguarding Children and Young people against</p>	<p>Children and young people from particular communities may be more vulnerable to radicalisation.</p>

	<p>Radicalisation, Violent Extremism and Paramilitary Threat</p> <p>Safeguarding Practice Guidance: children/young people from Abroad/Trafficked Children/Young People</p> <p>Children Living Away from Home Children/young</p> <p>Ethnicity: Section 5 Protocol Pre-mobile babies</p>	<p>An interpreter will be needed.</p> <p>The Travelling Community and those who have newly arrived in the country (refugees, asylum seekers and migrants) and who have yet to find permanent accommodation may need to be included.</p> <p>Issues relating to communication and language issues needs to be addressed.</p>
Sexual Orientation	<p>Core Procedures Child Protection Enquiries</p> <p>Core Procedures Assessment</p> <p>Core Procedures Child Protection Enquiries</p>	<p>The awareness by the interviewer needs to be included.</p> <p>The UNOCINI form asks for the sex of the child/young person. There is no scope for recording information on the form for those who identify themselves as LGBT or dysmorphic and there are needs arising due for specific mental health needs.</p> <p>The assessment undertaken must include both parents, any other carers such as grandparents and the partners of parents. It should also include other family units such as civil partnerships/cohabitees.</p>

	<p>Safeguarding Practice Guidance relating to self-harm and suicide</p> <p>Safeguarding Practice Guidance: Children/Young people of Parents that Misuse Substances</p> <p>Safeguarding Practice Guidance: Honour Based Violence</p> <p>Safeguarding Practice Guidance: Self-harm and Suicidal Behaviour</p> <p>Safeguarding Practice Guidance: Bullying</p>	<p>There may be specific vulnerabilities leading to increased risks for those children/young people who are LGBT. This needs to be addressed in the policy and procedure.</p> <p>Evidence shows that members of the LGBT community are much more likely to misuse substances. There is however no such evidence relating to LGB parents and so it cannot be assumed that LGB parents are more likely to misuse substances.</p> <p>Sexual orientation can be seen to transgress concepts of honour and therefore trigger honour based violence if a perception exists that the victim is lesbian, gay or bisexual.</p> <p>Research shows that young LGB people are at least three times more likely to attempt suicide, two and a half times more likely to self-harm and five times more likely to be medicated for depression than their The</p> <p>The specific needs of children/young people of same sex parents needs to be included.</p>
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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.

The policy and procedures equally apply to single identity issues as well as to those with multiple identities. These should be reflected in the assessments undertaken in relation to the needs of a child/young person and their needs addressed.

Safeguarding Practice Guidance

Bullying

Bullying of children and young people can take many forms (for instance, cyber-bullying or online bullying via text messages or the internet), and is often motivated by prejudice against particular groups, for example on grounds of race, religion, gender, sexual orientation, disability, gender identity. Those working to safeguard children will need to be aware of these motivations.

Group Activity or Serious Youth Violence - violence can be racist, disability-related, homophobic, transphobic, sectarian or a religious hate crime.

2.5 Making Changes

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>Gender: Section 1. Core Procedures:</p> <p>Core Procedures Child Protection Enquiries The awareness by the interviewer needs to be included.</p> <p>Child Protection Case Conferences. The section on Pre-birth Case Conferences specifically relates to</p>	<p>The policy and procedure has been amended to reflect this.</p> <p>The policy and procedure has been amended to reflect this.</p> <p>This is addressed in the policy and procedures.</p>

<p>women which is intentional but it is expected that other significant adults including the child's father should be included.</p> <p>Safeguarding Practice Guidance: The procedure on Bullying includes reference to the fact that bullying behaviour can be motivated by prejudice against particular groups, for example on grounds of gender identity.</p> <p>Safeguarding Practice Guidance, relating to self-harm and suicide There may be specific vulnerabilities leading to increased risks for those children/young people who are dealing with issues due to being dysmorphic.</p> <p>Safeguarding Practice Guidance: Domestic Violence and/or Sexual Violence and Abuse Women are more likely to be victims of domestic violence; however men can be victims too.</p> <p>Safeguarding Practice Guidance: Forced marriage The majority of victims are female however figures from the Forced Marriage Unit indicate that 15% of victims are male.</p> <p>Safeguarding Practice Guidance: Honour Based Violence Gender identity can be seen to transgress concepts of honour and therefore trigger honour based violence if a perception exists that the victim is transgender.</p>	<p>The policy and procedures addresses this issue.</p> <p>This has been reflected in the policy and procedures</p> <p>The policy and procedure has been amended to reflect this.</p> <p>The policy and procedure identifies this as an issue.</p> <p>The policy and procedure addresses this issue.</p>
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<p>Age: Section 1. Communicating effectively with Children/Young People Who Have Specific Communication Needs where abuse and or neglect is a presenting concern</p> <p>Core Procedures: Child Protection Case Conferences. The parents and children/young people of sufficient age and appropriate level of understanding should be given feedback on the outcome, in particular, in advance of any Initial Child Conference that is convened. This information should be conveyed in an appropriate format for younger children and those people whose preferred language is not English. This needs reworded rather than excluding children and young people in terms of age and their right to have information. The method of communicating needs to be appropriate to the age and capacity of the child to understand.</p> <p>Safeguarding Practice Guidance: Fabricated or Induced Illness Babies and very young children may be at greater risk of fabricated or induced illness due to communication difficulties.</p>	<p>Consideration has been given to the use of intermediaries during interviews, assessments and/or advocacy, when appropriate and the need for staff to recognise and establish the communication needs of children/young and ensure appropriate methods are used to meet these has been highlighted.</p> <p>This has been amended to reflect this.</p> <p>The policy and procedure already highlights this issue.</p>
<p>Religion: Section 2: Safeguarding Practice Guidance: Abuse linked to Faith or Belief</p>	<p>A policy and procedure has been included to advise staff on how to deal with such circumstances and includes involvement of a representative the particular faith group or community. Transgender and sexual orientation</p>

<p>Safeguarding Practice Guidance: Honour based Violence Rejection of religion or religious instruction can be a trigger for honour based violence.</p> <p>Safeguarding Practice Guidance: Neglect Parents/carers who have specific religious/cultural beliefs, such as how the child/young person should be raised for example how they receive health care, treatment, education and/or general nutrition may be considered neglectful due to the impact on the child/young person's health and development.</p>	<p>have been added to the list of reasons a child/young person could be identified as different as a prompt for staff to be aware of the potential for abuse.</p> <p>This has been addressed in the policy and procedure.</p> <p>This has been addressed in the policy and procedure.</p>
<p>Political Opinion: Safeguarding Practice Guidance: Safeguarding Children and Young people against Radicalisation, Violent Extremism and Paramilitary Threat Children and young people who living in areas associated with paramilitary groups may be more likely to be drawn into paramilitary activities, or be victims of such activity.</p>	<p>The policy and procedure reflects this.</p>
<p>Marital Status Section 1: Core Procedures Assessment The UNOCINI form does record information on marital status but does not specifically record same sex partnership/relationships</p>	<p>The HSCB will be informed of this issue.</p>

<p>Core Procedures Child Protection Enquiries. The assessment undertaken must include all forms of family units i.e. married parents, separated and divorced, civil partnerships, lone parents and new partners, cohabitees.</p> <p>Section 2: Safeguarding Practice Guidance: Honour based Violence Leaving a spouse or seeking a divorce can be a trigger for honour based violence.</p>	<p>This has been addressed within the policy and procedures.</p> <p>This is reflected in the policy and procedure</p>
<p>Disability Section 1: Core Procedures: Responding to Abuse and Neglect The issue of disability is used as one of the criteria.</p> <p>Section 1: Core Procedures Child Protection Enquiries Children and young people who have specific physical/sensory/communication/learning disability and mental health disability will have particular needs when involved in child protection enquiries. This has been recognised but parents/carers with such needs have not. There may also be specific needs in regard to hidden disabilities e.g. cystic fibrosis, brain injury, and/or epilepsy.</p>	<p>It is felt that no mitigating action is required as this is a statutory obligation. It is recognised that children/young people who have a disability is a 'Child in Need' and entitled to an assessment of need and services to be provided.</p> <p>A statement outlining that written information will be made available in alternative formats to staff and on request has been written into the policy document in relation child protection enquiries and the Policy and Procedure on Communicating effectively with Children/Young People and their Family/Carers Who Have Specific Communication Needs where and abuse and or neglect is a presenting concern. The need to be aware of the literacy needs of children/young people and parents has been included. This will depend on the individual child/young person, their specific disability and their needs. Additional</p>

<p>Core Procedures: Assessment Some children/young people with a disability through their behaviour may place other children at risk of harm.</p> <p>Disability Section 1: Core Procedures Child Protection Case Conferences. Whether or not they attend, the family should be encouraged and supported by the social worker, to record their contribution in writing. Those with a disability may have communication needs. The Chairperson of the Case Conference will ensure that the family is advised of its outcome. There may be issues relating to mental health which impacts on the parent participating.</p> <p>A child/young person parent/carer with a disability may benefit from the attendance of a friend or supporter. Information on the child/young person's current and past state of health and development may include issues of disability and communication.</p> <p>Communication and language issues in relation to the reading of written information for the Case Conference and attendance at Case Conference.</p> <p>Attendance at Case Conference: Rather than a focus on ability, this should say 'encouraged/facilitated to contribute'.</p>	<p>comments have been included.</p> <p>This needs careful assessment of all children/young people involved as to how to best meet their needs. The UNOCINI Assessment Framework is the responsibility of the HSCB. The SBNI will make the HSCB aware of this issue.</p> <p>A statement outlining that views of parents can be provided by letter, digital recording or representation on their behalf by a social worker or other professional or other appropriate format has been included. Also a separate policy and procedure has been developed to address the communication issues. The responsibility for ensuring that these arrangements have been put in place has been clarified.</p> <p>This is addressed within the policy and procedure.</p> <p>A statement has been included in the policy and procedure to state that parents with mental health difficulties will only ever be excluded based on the opinion of a mental health professional who deems them unfit to participate.</p>
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<p>Also Interpreters/sign language interpreters, support person for a person with a disability should attend.</p> <p>Case Conferences: If there are concerns about potential parenting capacity due to learning disability, mental health and some physical disabilities.</p> <p>Children/young people with a disability are children first and foremost. They may need interpreters or relevant support to help them communicate their views in respect of their care and treatment.</p> <p>Also parents with a disability have this need. Attendance of support people and interpreters should be included. The convenor of the Case Conference should arrange the date, time and venue of the Case Conference for the convenience of the majority of the participants, but pay particular attention to accessibility for the parent and/or child/young person and staff for example due to issues of disability. They may need to take account of those with dependents for example in relation to school pick up times.</p> <p>Safeguarding Practice Guidance: Parents with a learning disability. Parents with learning difficulties are likely to require some form of support to help them meet their child/young person's needs. They may need</p>	<p>A statement addressing this has been included.</p> <p>This is addressed within the policy and procedures.</p> <p>This may raise human rights issues particularly in relation to Articles 6 and 8 but due the paramouncy of the child/young person's needs it is recognised that this needs to be the case.</p> <p>The impact on communication and language needs of the parents are addressed. This is recognised within the policy and procedure.</p> <p>This has been addressed within the policy and procedure.</p> <p>A statement has been included highlighting that staff need to have adequate knowledge/understanding of the abilities of those with a disability rather than having a focus on the disability.</p> <p>This is highlighted in the policy and procedures</p>
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<p>support to understand the safeguarding process, including use of an advocate. They may also need written materials relating to safeguarding in easy to understand format.</p> <p>Safeguarding Practice Guidance: Children/young people who have a disability Children/young people with a disability are children first and foremost. They may be more vulnerable to bullying, intimidation and abuse due to their disability. They may need interpreters or relevant support to help them communicate their views in respect of their care and treatment.</p> <p>Safeguarding Practice Guidance: Bullying Bullying behaviour can be motivated by prejudice against particular groups, for example on grounds of disability.</p> <p>Safeguarding Practice Guidance: Domestic Violence and/or Sexual Violence and Abuse Those who are subjected to domestic violence and/or sexual violence and abuse are more likely to suffer depression and other mental health issues leading to self-harm, attempted suicide and/or substance abuse.</p> <p>Safeguarding Practice Guidance: Fabricated or Induced Illness Children and young people with disabilities may more vulnerable due to communication difficulties.</p>	<p>This is highlighted in the policy and procedures.</p> <p>This is highlighted in the policy and procedures.</p> <p>This is highlighted in the policy and procedures.</p> <p>This is highlighted in the policy and procedures.</p>
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<p>Safeguarding Practice Guidance: Forced marriage / Honour Based Violence</p> <p>Children and young people who are worried about or at risk of forced marriage or honour based violence may develop mental health issues, including depression, eating disorders etc. and may be at greater risk of attempting suicide.</p>	<p>This is highlighted in the policy and procedures.</p>
<p>Safeguarding Practice Guidance: Neglect</p> <p>Neglect may occur as a result of issues which affect the capacity of parents/carers to care for a child/young person such as mental ill health and learning disability.</p>	<p>This is highlighted in the policy and procedures.</p>
<p>Safeguarding Practice Guidance: Self-harm and Suicidal Behaviour</p> <p>Children and young people with mental health issues will be more likely to self-harm and attempt suicide.</p>	<p>This is addressed.</p>
<p>Safeguarding Practice Guidance: Children/Young people of Parents that Misuse Substances/Hidden Harm AND Children of Parents with Mental health Problems</p> <p>Many adults who misuse alcohol or drugs also have coexisting mental health issues. These mental health issues can impact on parent/child relationships, which impacts on the child/young person's well-being and development.</p>	<p>This is addressed.</p>

<p>Factors such as culture, ethnicity, religion, disability may have implications on parents' understanding of their mental health problems and the potential impact on their child/young person. The existence of parental mental health problems should not be taken as a risk factor without contextual information.</p> <p>Protocols: Pre-Mobile Babies. Issues relating to communication and language issues needs to be addressed.</p>	<p>The policy and procedure addresses the needs of parents with mental health issues and is clear that the existence of parental mental health problems should not be taken as a risk factor without contextual information.</p> <p>The needs arising due to their disability have been addressed within the Protocol by the inclusion of the following statement in the protocol, "Staff must consider the communication and language needs of the parents/carers which can vary significantly due to, language barriers, speech problems, hearing impairments, age, cognitive ability, disability and or sensory impairments due to ethnicity and or disability. The use of Interpreters, Advocates and appropriate methods of communication such as leaflets and aids should be used. These are addressed within the policy and procedure.</p>
<p>Dependent status: Assessment, parents with mental health and substances</p> <p>The needs of children/young people who take caring responsibilities for parent(s) and/or siblings needs to be recognised in the assessment and recorded.</p> <p>Dependents: Core Procedures Assessment, Child Protection Enquiries</p> <p>The assessment undertaken must</p>	<p>The policy and procedure has been amended to address this issue.</p> <p>The need to include all forms of family units i.e. married parents, separated and divorced, civil partnerships, lone parents and new partners, both</p>

<p>include all forms of family units i.e. married parents, separated and divorced, civil partnerships, lone parents and new partners, cohabitees. Both parents, any other carers such as grandparents and the partners of parents. It should also include cohabitees.</p> <p>Dependents: Core Procedures, Child Protection Case Conferences. There needs to be consideration given in relation to the timing and venue of the Conference to take account of those with dependents .For example school pick up times.</p> <p>Dependents: Safeguarding Practice Guidance: Children/Young people of Parents that Misuse Substances/Hidden Harm, Children of Parents with Mental health Problems and Children/young people of Parents with Learning Difficulties Many children/young people of parents who misuse substances or who have mental health problems take on adaptive or caring roles within the family. Likewise children/young people of parents with learning difficulties may take increasing responsibility for caring for themselves and, at times, for their parents and other family members. They should be assessed as a young carer.</p>	<p>parents, any other carers such as grandparents and the partners/cohabitee of parents.</p> <p>These have been reflected in the policy document. A separate policy and procedure has been developed in relation to Communicating effectively Working with Children/Young People and their Family/Carers Who Have Specific Communication Needs where and abuse and or neglect is a presenting concern. A link to this has been provided in the Section Child Protection Enquiries.</p> <p>The policy and procedure identifies the fact that children/young people in these circumstances should be assessed as a young carer and their needs assessed and supports provided. The policy and procedure includes that effective treatment of/support for the parent will have major benefits to the child/young person.</p>
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<p>Safeguarding Practice Guidance: Domestic Violence and/or Sexual Violence and Abuse Children and young people who witness domestic violence in their home can be impacted in a number of ways including increased anxiety, fear, poor peer relationships etc.</p>	<p>This has been reflected in the policy and procedure.</p>
<p>Ethnicity: Core Procedures Communicating effectively with Children/Young People Who Have Specific Communication Needs where abuse and or neglect is a presenting concern</p> <p>Ethnicity can raise issues in relation to communicating effectively with children/young people and their family/carers due to language barriers. All agencies/staff need to establish the communication needs of children/young people and their parents/carers and ensure they are able to communicate effectively through the use of appropriate methods are used to meet individual needs.</p> <p>Core Procedures: Responding to Abuse and Neglect If a parent's first language is not English it is recognised that they may need an interpreter and/or translated materials.</p> <p>Child Protection Enquiries If a parent's first language is not English it is recognised that they may need an interpreter and/or translated materials. This should be changed to reflect that this should be provided.</p>	<p>The need to be aware of issues relating to ethnicity issues and the impact on children/young people their parents and families have been reflected throughout the policy and procedures. This is acknowledged in the policy and procedures.</p> <p>The policy and procedure does refer to the communication needs of parents.</p> <p>The UNOCINI form needs to capture information on the parent's/carers ethnicity language and communication needs. The UNOCINI Assessment Framework is the responsibility of the HSCB. The SBNI will make the HSCB aware of this issue.</p>

<p>Core procedures Case Conferences: Interpreters/sign language interpreters, should attend.</p>	<p>This is reflected in the policy and procedure.</p>
<p>Core Procedure: Assessment The UNOCINI form captures information on the child/young person's disability and communication needs. There is a gap in capturing this data in respect primary carers.</p>	<p>The need to be aware of ethnic issues and the impact on children/young people their parents and families have been reflected throughout the policy and procedures. This is acknowledged in the policy and procedures. The UNOCINI Assessment Framework is the responsibility of the HSCB. The SBNI will make the HSCB aware of this issue.</p>
<p>Ethnicity: Safeguarding Practice Guidance Bullying: bullying behaviour can be motivated by prejudice against particular groups, for example on grounds of race.</p>	<p>This has now been addressed in the policy and procedures.</p>
<p>Safeguarding Practice Guidance: Fabricated or Induced Illness Children and young people whose first language is not English more vulnerable due to communication difficulties.</p>	<p>This is acknowledged in the policy and procedures.</p>
<p>Safeguarding Practice Guidance: Female Genital Mutilation. Children and young people who are from a community that are known to practise female genital mutilation will be more at risk of being subjected to the procedure.</p>	<p>This is recognised in the policy and procedure</p>

<p>An interpreter may be needed for meetings relating to protection from female genital mutilation, and in particular a female interpreter. It will be particularly important in these cases that a family member is not used as an interpreter.</p> <p>Safeguarding Practice Guidance: Forced marriage/ Honour based Violence Children and young people from particular ethnic groupings/ religious groupings will be more at risk of forced marriage and honour based violence. Children/young people may require support workers/interpreters from the same gender and if possible the same cultural background. It will be particularly important in these cases that a family member is not used as an interpreter.</p> <p>Safeguarding Practice Guidance: Safeguarding Children and Young people against Radicalisation, Violent Extremism and Paramilitary Threat Children and young people from particular communities may be more vulnerable to radicalisation.</p> <p>Safeguarding Practice Guidance: Children from Abroad/ Trafficked Children An interpreter will be needed.</p> <p>Safeguarding Practice Guidance: Children Living Away from Home: The Travelling Community and those who have newly arrived in the country</p>	<p>These have been addressed in the policy and procedure.</p> <p>These have been addressed in the policy and procedure.</p> <p>These have been addressed in the policy and procedure.</p> <p>This has been reflected in the policy and procedure to protect this vulnerable group.</p>
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<p>(refugees, asylum seekers and migrants) and who have yet to find permanent accommodation need to be included.</p> <p>Protocols: Pre-mobile babies. Issues relating to communication and language issues needs to be addressed.</p>	<p>These have been included.</p> <p>These have been addressed in the policy and procedure.</p>
<p>Sexual Orientation: Core Procedures Child Protection Enquiries The assessment undertaken must include both parents, any other carers such as grandparents and the partners of parents. It should also include both opposite and single sex relationships.</p> <p>Core Procedures Child Protection Enquiries The awareness by the interviewer needs to be included.</p> <p>Sexual Orientation: Safeguarding Practice Guidance, Safeguarding Practice Guidance relating to self-harm and suicide There may be specific vulnerabilities leading to increased risks for those children/young people who are LGBT and for those who are dealing with issues due to being dysmorphic.</p> <p>Safeguarding Practice Guidance Bullying The procedure on bullying includes reference to the fact that bullying behaviour can be motivated by prejudice against particular groups, for example sexual orientation.</p>	<p>The UNOCINI form needs to captures information on the parent's/carers ethnicity language and communication needs. The UNOCINI Assessment Framework is the responsibility of the HSCB. The SBNI will make the HSCB aware of this issue</p> <p>This has now been addressed in the policy and procedures This has now been addressed in the policy and procedures</p> <p>This is addressed in the policy and procedures.</p> <p>This is addressed in the policy and procedure.</p>

<p>Safeguarding Practice Guidance: Honour Based Violence Sexual Orientation can be seen to transgress concepts of honour and therefore trigger honour based violence if a perception exists that the victim is lesbian, gay or bisexual.</p> <p>Safeguarding Practice Guidance: Self-harm and Suicidal Behaviour Research shows that young LGB people are at least three times more likely to attempt suicide, two and a half times more likely to self-harm and five times more likely to be medicated for depression than their heterosexual counterparts.</p> <p>Safeguarding Practice Guidance: Bullying: The specific needs of children/young people of same sex parents needs to be included.</p>	<p>This is addressed in the policy and procedure.</p> <p>This has been addressed n the policy and procedures.</p> <p>This has been addressed in the policy and procedures</p>
<p>Multiple Identities: Group Activity or Serious Youth Violence: Violence can be racist, disability related, homophobic, transphobic, racist, sectarian or religious hate crime</p>	<p>The policy and procedure has been amended to include all the types of hate crime listed.</p>

2.6 Good Relations - Not Applicable

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)

Group	Impact	Suggestions
Religion		
Political Opinion		
Ethnicity		

(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)***

Please tick:

Major impact	<input type="checkbox"/>
Minor impact	<input checked="" type="checkbox"/>
No further impact	<input type="checkbox"/>

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

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions.

The policy and procedures have been amended to reflect the issues identified. Specific policy and procedures have been developed particularly around communication and language needs of children/young people and their parents/family and staff to assist staff and Agencies. Policy and procedure have been included in the Safeguarding Practice Guidance that addresses specific issues of concern that have a link to cultural/racial issues.

(4) CONSIDERATION OF DISABILITY DUTIES – Not Applicable

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>

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>

(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	
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	
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	
Article 11 – Right to freedom of assembly & association	
Article 12 – Right to marry & found a family	Yes
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	
1 st protocol Article 2 – Right of access to education	

*If you have answered no to all of the above please 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 interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?*
			Yes/No
Article 2 Right to life	Yes	In respect of section on Core Procedures in relation to Referrals Child Protection Enquiries, Assessment and the Safeguarding Practice Guidance e.g. Female Genital Mutilation . This relates to the welfare of the child/young person. It impacts on the child/young person.	Yes if the child/young person is at risk of significant harm Social Services have the right to intervene to protect and safeguard the child/young person. This may involve Court Proceedings and legal issues.
Article 3 Right to freedom from torture, inhuman or degrading treatment or punishment	Yes	This relates to the right of the child/young person to be free from torture, inhumane or degrading treatment or punishment and is based on the need to intervene for the protection	Yes if the child/young person is at risk of significant harm Social Services have the right to intervene to protect and safeguard the child/young person. This may involve Court

<p>Article 6 Right to a fair & public trial within a reasonable time</p>	<p>Yes</p>	<p>and welfare of the child/young person. Intervention should be proportionate to the circumstances. Relevant policy and procedures include Forced Marriage, Honour based Violence and Neglect.</p> <p>If there are concerns about potential parenting capacity due to learning disability, mental health and some physical disabilities relating to section in Pre-birth Case Conferences and parents with learning disability</p> <p>Section 3 Individuals who pose a Risk to Children/Young People Individuals who Pose a Risk to Children/Young People Management and Use of Information Concerning</p>	<p>Proceedings and legal issues.</p> <p>This may raise legal issues but due the paramountcy of the child/young person's needs this needs to be the case it is recognised that this needs to be the case.</p> <p>Legal issues will arise</p>
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<p>Article 8 Right to respect for private & family life, home and correspondence</p>	<p>Yes</p>	<p>Known and Suspected Offenders Against Children/Young People The offender may also be a parent/carer. There are potential human rights issues arising through the sharing of information, particularly of in relation to those without a conviction.</p> <p>The Child Protection Case Conference policy and procedure refers to the parents' rights to be involved in the process.</p> <p>In respect of section on Core Procedures, Referrals, Responding to Abuse and Neglect, Assessment and Child Protection Enquiries. The information gathered and feedback to the referrer about the outcome of the investigation</p>	<p>Yes, the information gathered and information shared will be sensitive information and should be treated with confidentiality and within the confines of the Data Protection Act.</p>
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		<p>should be in a manner that respects the confidentiality of the child/young person and their parents/family and be proportionate to the circumstances. Also a child/young person can be referred without consultation with the parent.</p> <p>The Child Protection Case Conference policy and procedure refers to the parents' rights to be involved under Article 8</p> <p>The policy and procedure on Referrals includes a section relating to Gaining Access to Children which may raise human rights issues.</p> <p>The policy and procedure on Communicating effectively with Children/Young People Who</p>	<p>There may be legal issues arising.</p> <p>These may involve legal issues</p>
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<p>Article 5 Right to liberty & security of person</p>	<p>Yes</p>	<p>Have Specific Communication Needs where abuse and or neglect is a presenting concern and Guidance to Ensure The Voice of The Child/Young Person is Heard impact in relation to Article 8 as these policies address the right of an individual to be involved in decisions about their health and social care.</p> <p>The Safeguarding Practice Guidance section on Honour Based Violence and Forced Marriage impacts on this in terms of children/young people's right to liberty & security of person.</p>	<p>These may involve legal issues if there is a conflict between the views of the individual with what is deemed to be in their own or other's best interests.</p>
<p>Article 12 – Right to marry & found a family</p>	<p>Yes</p>	<p>The Safeguarding Practice Guidance section on and</p>	<p>Yes if the child/young person is at risk of significant harm Social Services have the right to</p>

		<p>Forced Marriage impacts on this in terms of children/young people's not to be forced into marriage.</p>	<p>intervene to protect and safeguard the child/young person. This may involve Court Proceedings and legal issues.</p>
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** 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 Policy and Procedures will be consulted on. Once finalised they will be launched and awareness raising and Education and Training will be required.

(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
Statistics provided by the Police will be used to monitor the impact of the Policy and Procedures in terms of hate crime.	Children Order statistics will be used to monitor the impact of the Policy and Procedures. Section 12 Audits will be undertaken which will used to monitor the impact.	Children Order statistics will be used to monitor the impact of the Policy and Procedures. Section 12 Audits will be undertaken which will used to monitor the impact.

Approved Lead Officer: Margaret Burke

Position: SBNI Professional Officer

Date: 10th November 2017

Policy/Decision Screened by: Members of the SBNI Policy and Procedures Committee and Margaret Burke Professional Officer.

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 June 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 Business Services Organisation's Equality Unit: 2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net; phone: 028 90535531 (for Text Relay prefix with 18001); fax: 028 9023 2304