Health and Social Care Board

Equality, Good Relations and Human Rights

SCREENING

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

1) What is the likely impact on equality of opportunity for those affected by this policy, for each of the section 75 equality categories? (minor, major or none)

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

3) To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor, major or none)

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

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

For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality Portal - Screening Resources & Evidence**.**

Health and Social Care Board

Equality, Good Relations and Human Rights
SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

Children and Young Peoples Strategic Partnership (CYPSP)

Parental Participation Project

1.2 Description of policy or decision

The CYPSP is a multiagency strategic partnership, consisting of senior leaders of all key agencies across statutory, voluntary and community sectors that have responsibility for improving outcomes for all children and young people in NI.

The CYPSP has been developed and supported by the Health and Social Care Board (HSCB) to support the Childrens Services Planning (CSP) process.

A core purpose of CYPSP is “To promote co-production with children, young people and their families in the integrated planning process. **The Parental Participation Project i**s designed to support the delivery of this purpose.
The objectives of this service are:

a. **Facilitate as required the direct participation of parents**; Enable the perspective of parents to influence the activities of CYPSP and its working groups by developing and promoting effective ways of engaging parents using a range of evidence informed methods.

b. **Build capacity in service providers**; Develop and support CYPSP member organisations to develop and improve their own co-production practice with parents

c. **Support the self-empowerment of service users**; Develop work with parent lead organisations to improve their capacity to engage effectively with CYPSP structures

d. **Develop and maintain a knowledge base of what works**; identify evidence of best practice in co-production. Maintain and update the CYPSP parental engagement and co-production strategy.

e. **Demonstrate clear outcomes;** Demonstrate clear impact of co-production on CYPSP activities

1.3 Main stakeholders affected (internal and external)

This is a regional service supporting a regional Childrens Services Planning (CSP) infrastructure and is expected to cover all of Northern Ireland.

The CSP Guidance (July 1998)[1] notes that this process is concerned with children who are in need in the community and is designed "to promote collaboration and coordination between agencies in the planning and delivery of services for vulnerable children and in so doing it builds upon the Children (NI) Order 1995" (1.1).

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

The main stakeholders are:-

- **Parents and carers of children and young people**

Other stakeholders include CYPSP members:

- **Children and young people themselves**: The engagement of children, young people and their families takes place across the CYPSP structure.
- **Health and Social Care Board (HSCB)**
- **Public Health Agency (PHA)**
- **Health and Social Care Trusts**
- **Education Authority**
- **Councils**
- **Housing Executive**
- **Police**
- **Probation Board**
- **Voluntary and Community organisations** who provide services to children in need or who represent the interests of children in need.
- .

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[1] Childrens Services Planning Guidance, July 1998

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

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

  The Act also creates an enabling power to share resources and pool funds and states that a Children's Authority may "(a) provide staff, goods, services, accommodation or other resources to another children's authority: (b) make contributions to a fund out of which relevant payments may be made" Guidance on the operation of the Act have been published[2]

- (DE) **Children and Young People's Strategy (2019-2029)** and the eight parameters of wellbeing (DE)

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

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[2] Interim Guidance on the CSCA (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. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders

The following sources have been used to inform the this equality screening and the procurement of the Parental Participation Project.

- Consultation with Multi-Agency CYPSP members
- Feedback via Outcomes Groups
- Qualitative information from Locality Planning Group members
- Statistical information from CYPSP Maps and NI Outcome monitoring report
- Statistical information and feedback from Family Support Hubs
- Inclusive communities event - http://www.cypsp.hscni.net/wp-content/uploads/2018/06/InclusiveCommuntiesPublicslides.pdf

- Family support hubs regularly engage with and collect data on parent's experience of support and this has generated ideas for change and improvement.
- NISRA mid-year population estimates
- Census 2011 data
- Annual Reports of the Registrar General for NI (2005 – 2017)
- Health Survey NI (2016/17)
- Reports from Northern Sector Locality Planning Groups to Western Area Outcomes Group; Southern Sector Locality Planning Groups to Western Area Outcomes Group; Locality Planning Groups to South Eastern Area Outcomes Group; and Southern Trust Area Locality Planning Groups to Outcomes Group
- Rainbow Project (www.rainbow-project.org)
- The Princess Royal Trust for Carers, 2010

2.2 Quantitative Data

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

Category	***What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***
Gender	**General population** Mid-year population estimate (2018; published June 2019) The size of the resident population in Northern Ireland at 30 June 2018 is estimated to be 1,881,641 million people. Just over half (50.7 per cent) of the population were female, with 955,441 females compared to 926,200 males. The Gender Identity Research and Education Society (GIRES) estimate the number of gender 'nonconforming' employees and service users, based on the information that GIRES assembled for the Home Office (2011) and subsequently updated (2014): • gender variant to some degree 1% • have sought some medical care 0.025% • having already undergone transition 0.015% The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among youngsters is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men). Applying GIRES figures to NI population (using NISRA mid-year population estimates for 2019) N=1,881,600: • 18,816 people who do not identify with gender assigned to them at birth • 470 likely to have sought medical care

282 likely to have undergone transition.

Children and Young People

Mid Year Estimate (2018)

Age	MALES	FEMALES	Total
Total 0-17 years	224727	213657	438384
Total 18-25 years	96238	89998	186236

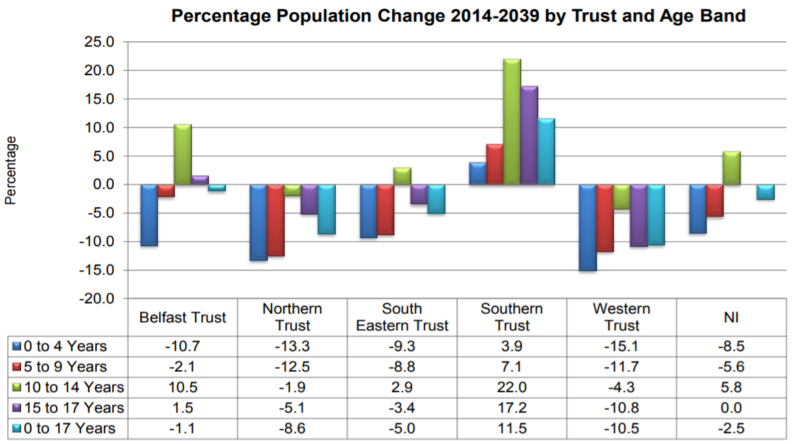
Age

General population

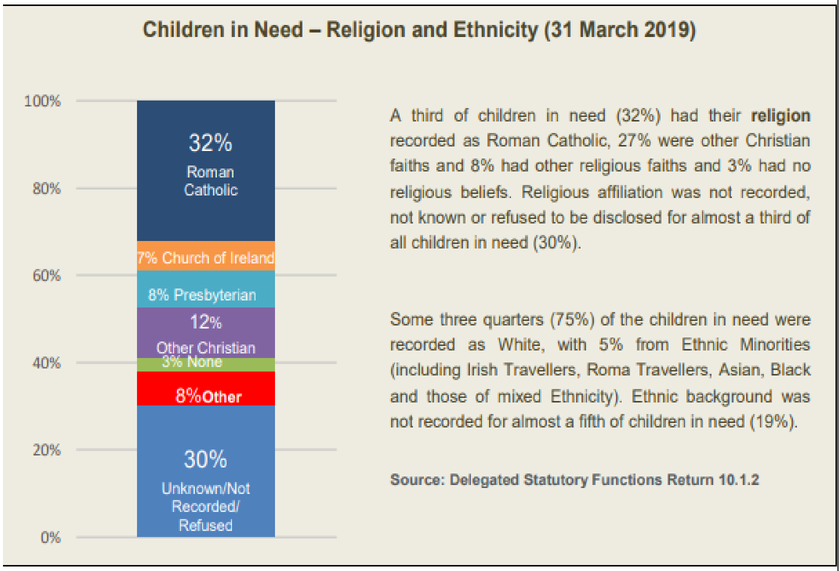
Mid-year population estimates published by NISRA for 2019 show that:

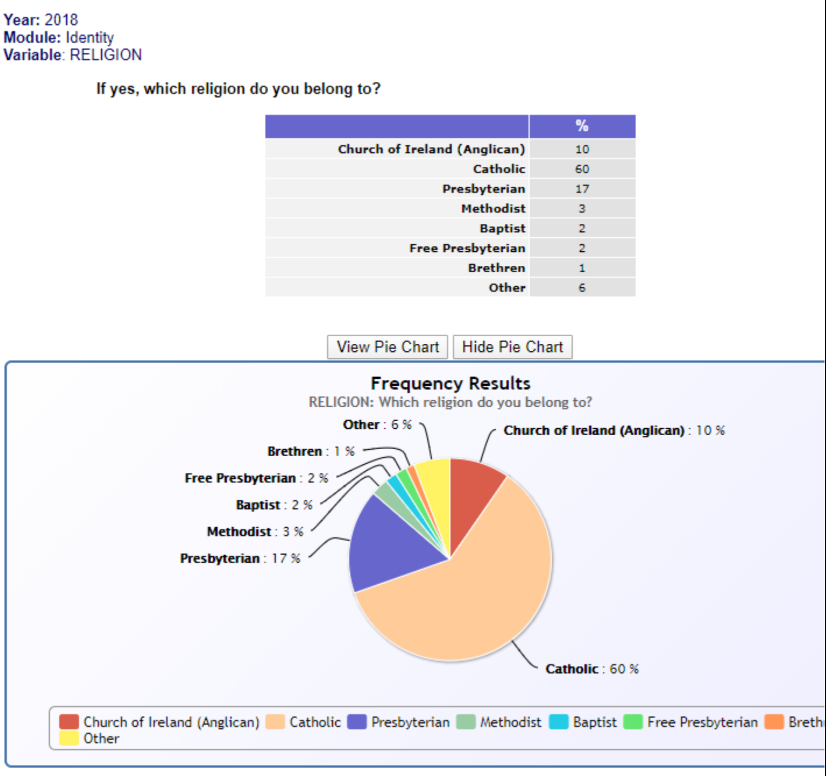
0-19 yrs (inclusive) = 485,064 (25.7% of all NI population)
20 – 34 yrs = 364,623 (19.3%)
35 – 49 yrs = 366,967 (19.5%)
50 - 64 yrs = 356,790 (18.9%)
65 – 74 yrs = 169,725 (9.0%)
75 – 89 yrs = 125,334 (6.6%)
90+ yrs = 13,138 (0.7%)

Children and Young People



	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	NI
0 to 4 Years	-10.7	-13.3	-9.3	3.9	-15.1	-8.5
5 to 9 Years	-2.1	-12.5	-8.8	7.1	-11.7	-5.6
10 to 14 Years	10.5	-1.9	2.9	22.0	-4.3	5.8
15 to 17 Years	1.5	-5.1	-3.4	17.2	-10.8	0.0
0 to 17 Years	-1.1	-8.6	-5.0	11.5	-10.5	-2.5

Religion	**General population** - 45.14% (817, 424) of the population were either Catholic or **brought up** as Catholic. - 48.36% (875, 733) stated that they were Protestant or **brought up** as Protestant. - 0.92% (16, 660) of the population belonged to or had been **brought up** in other religions and Philosophies. - 5.59% (101, 227) neither belonged to, nor had been brought up in a religion. (Census 2011) **Children and Young People**  **Children in Need – Religion and Ethnicity (31 March 2019)** A third of children in need (32%) had their **religion** recorded as Roman Catholic, 27% were other Christian faiths and 8% had other religious faiths and 3% had no religious beliefs. Religious affiliation was not recorded, not known or refused to be disclosed for almost a third of all children in need (30%). Some three quarters (75%) of the children in need were recorded as White, with 5% from Ethnic Minorities (including Irish Travellers, Roma Travellers, Asian, Black and those of mixed Ethnicity). Ethnic background was not recorded for almost a fifth of children in need (19%). **Source: Delegated Statutory Functions Return 10.1.2**



Year: 2018
Module: Identity
Variable: RELIGION

If yes, which religion do you belong to?

	%
Church of Ireland (Anglican)	10
Catholic	60
Presbyterian	17
Methodist	3
Baptist	2
Free Presbyterian	2
Brethren	1
Other	6

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

Political Opinion

General population
The NI Life and Times Survey (2016) found that of the Northern Ireland population:
Unionist 29%; Nationalist 24%; Neither 46%; Other/ don’t know 2%.

Children and Young People
The NI Young Life and Times found:

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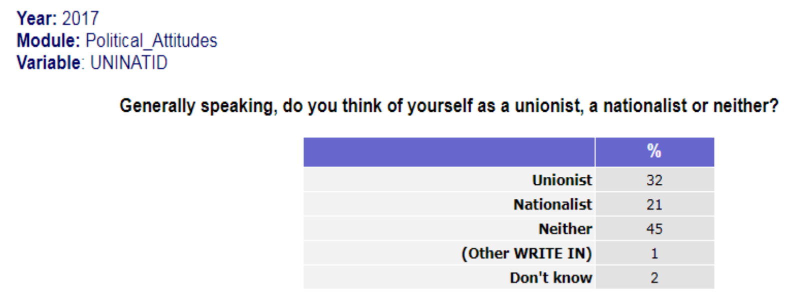

Year: 2017
Module: Political_Attitudes
Variable: UNINATID

Generally speaking, do you think of yourself as a unionist, a nationalist or neither?

<table>
<tr><th></th><th>%</th></tr>
<tr><td>Unionist</td><td>32</td></tr>
<tr><td>Nationalist</td><td>21</td></tr>
<tr><td>Neither</td><td>45</td></tr>
<tr><td>(Other WRITE IN)</td><td>1</td></tr>
<tr><td>Don't know</td><td>2</td></tr>
</table>
</td>
</tr>
<tr>
<td>Marital Status</td>
<td>
General population
Census data reveals that:

47.56% (680, 840) of those aged 16 or over were married
36.14% (517, 359) were single
0.09% (1288) were registered in same-sex civil partnerships
9.43% (134, 994) were either divorced, separated or formerly in a same – sex partnership
6.78% (97, 058) were either widowed or a surviving partner

(Census 2011)

There were 2,073 divorces granted in 2018, this is a decrease than in the previous year (2,089) and 29% lower than the peak number of 2,913 in 2007.

Annual Reports of the Registrar General for NI show that between 2005 to 2017 inclusive, there have been 1310 civil partnerships registered in NI.

Children and Young People
In 2018, over 3,699 children/stepchildren were affected by divorces that were granted, of which 1,553 were under the age of 16 at the time of divorce.
</td>
</tr>
<tr>
<td>Dependent Status</td>
<td>
General population

The most recent census showed that 33.9% of all NI households had responsibility for dependent children (238,094 households)

There were 115,959 Lone parent families, with a total of 123,745 dependent children in family (Census 2011). A gender disparity exists within this group. Of the 115, 959 lone parents, 16, 691 were
</td>
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headed by a male, while the majority (99,268) are female.

Caring responsibilities:

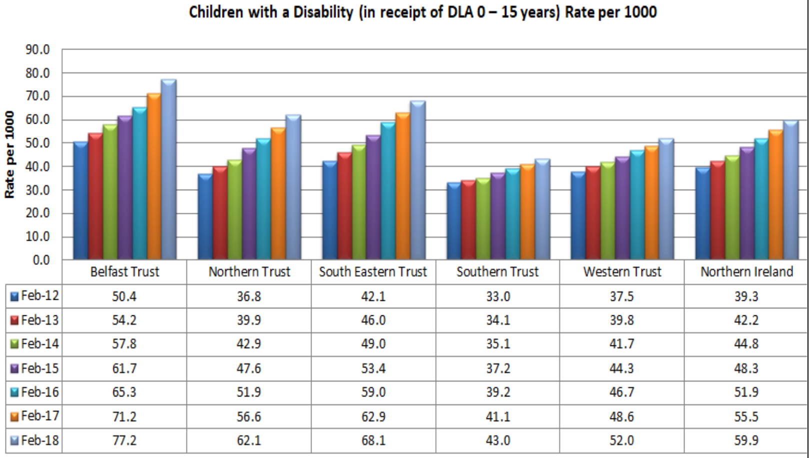
- 13% have caring responsibilities
- Approximately 70% receive no monetary reward for giving this care
- 48% received help from other family members, but 38% received no support from others (Health Survey NI (2016/17)

Children and Young People

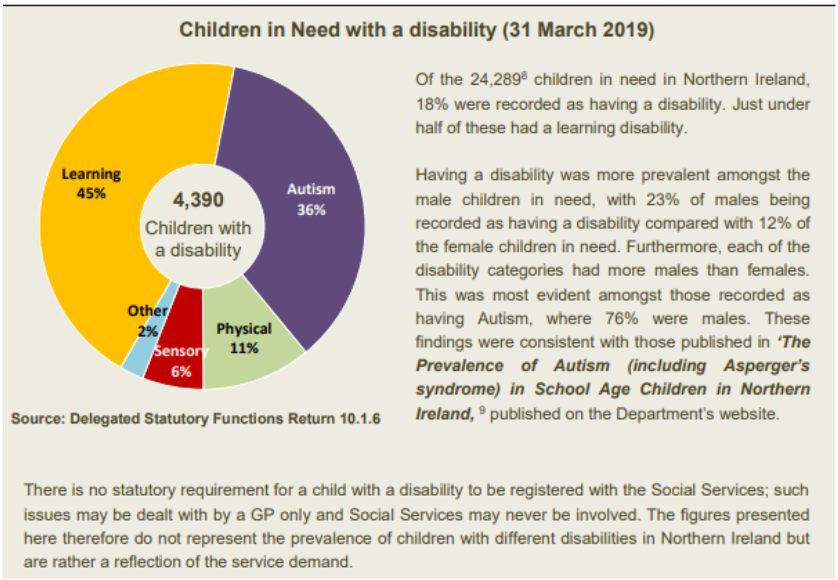
6,700 young people (aged 0–17) in Northern Ireland provide between 1 and 19 hours of unpaid care per week, while a further 960 provide 20–49 hours, and 820 care for 50 hours or more. (Census 2011) Given the steady rise in population since 2011, these figures are likely to be an under-estimate.

Disability	**General population** Figures for from the Health Survey NI (2017) showed that: • 42% longstanding illness (30% limiting and 12% non-limiting illness) • Males: limiting longstanding illness 27%; non-limiting longstanding illness 12% • Females: limiting longstanding illness 33%; non-limiting longstanding illness 12% • Prevalence of disability increases with age. Limiting longstanding illness increases from 15% among young adults aged 25 -34 years to 61% among those who are 75 plus years. The different types of disability were broken down in the most recent census: 20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities. • Deafness or partial hearing loss – **5.14% (93, 078)** • Blindness or partial sight loss – **1.7% (30, 785)** • Communication Difficulty – **1.65% (29, 879)** • Mobility of Dexterity Difficulty – **11.44% (207, 163)** • A learning, intellectual, social or behavioural difficulty. **2.22% (40, 201)** • An emotional, psychological **- 5.83% (105, 573)** • or mental health condition • Long – term pain or discomfort – **10.10% (182, 897)** • Shortness of breath or difficulty breathing – **8.72%** • **(157, 907)** • Frequent confusion or memory loss – **1.97% (35, 674)** • A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – **6.55% (118, 612)** • Other condition – **5.22% (94, 527)** • No Condition – **68.57% (1, 241, 709)**

Children and Young People



	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Northern Ireland
Feb-12	50.4	36.8	42.1	33.0	37.5	39.3
Feb-13	54.2	39.9	46.0	34.1	39.8	42.2
Feb-14	57.8	42.9	49.0	35.1	41.7	44.8
Feb-15	61.7	47.6	53.4	37.2	44.3	48.3
Feb-16	65.3	51.9	59.0	39.2	46.7	51.9
Feb-17	71.2	56.6	62.9	41.1	48.6	55.5
Feb-18	77.2	62.1	68.1	43.0	52.0	59.9



Children in Need with a disability (31 March 2019)

Of the 24,289[8] children in need in Northern Ireland, 18% were recorded as having a disability. Just under half of these had a learning disability.

Having a disability was more prevalent amongst the male children in need, with 23% of males being recorded as having a disability compared with 12% 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 76% were males. These findings were consistent with those published in ***'The Prevalence of Autism (including Asperger's syndrome) in School Age Children in Northern Ireland,*** [9] published on the Department's website.

Source: Delegated Statutory Functions Return 10.1.6

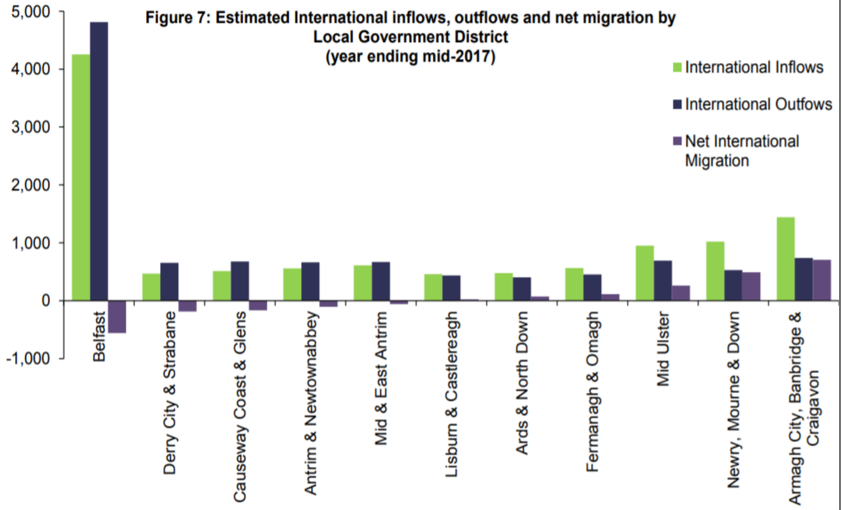
There is no statutory requirement for a child with a disability to be registered with the Social Services; such issues may be dealt with by a GP only and Social Services may never be involved. The figures presented here therefore do not represent the prevalence of children with different disabilities in Northern Ireland but are rather a reflection of the service demand.

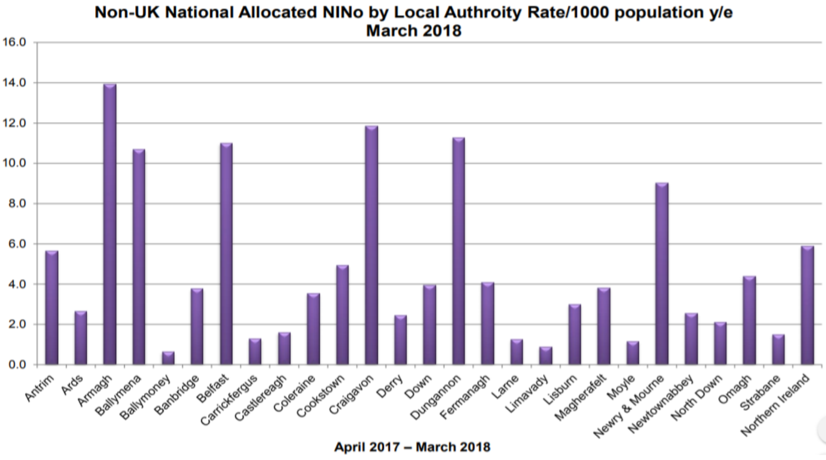
Ethnicity

General population

Statistics from the HSC Interpreting Service showed a large rise in requests for interpreters from 1,850 in 2004-2005 to 130025 requests in 2018-2019. The most popularly requested languages in 2018-19 are described below:

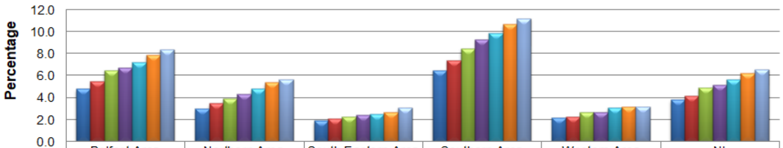
Top 20 Languages Requests
1. Polish 30948
2. Arabic 16690
3. Lithuanian 16512
4. Romanian 12789
5. Portuguese 8361
6. Bulgarian 7557
7. Tetum 6604
8. Slovak 6152
9. Chinese - Mandarin 5120
10. Chinese - Cantonese 3388
11. Hungarian 3222
12. Russian 2632
13. Latvian 2100
14. Somali 1861
15. Czech 965
16. Spanish 839
17. Farsi 731
18. Bengali 612
19. Chinese - Hakka 581
20. Urdu 419





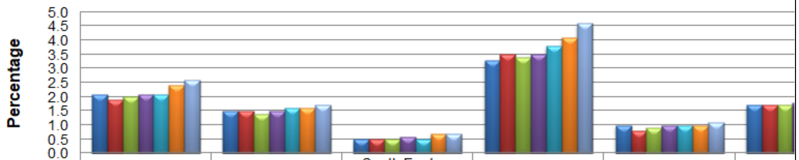
Children and Young People

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



	Belfast Area	Northern Area	South Eastern Area	Southern Area	Western Area	NI
■2012/13	4.8	3.0	1.9	6.5	2.2	3.8
■2013/14	5.5	3.5	2.1	7.4	2.3	4.2
■2014/15	6.5	3.9	2.3	8.5	2.7	4.9
■2015/16	6.7	4.3	2.4	9.3	2.7	5.2
■2016/17	7.2	4.8	2.5	9.9	3.1	5.7
■2017/18	7.9	5.4	2.7	10.7	3.2	6.2
■2018/19	8.4	5.7	3.1	11.2	3.2	6.6

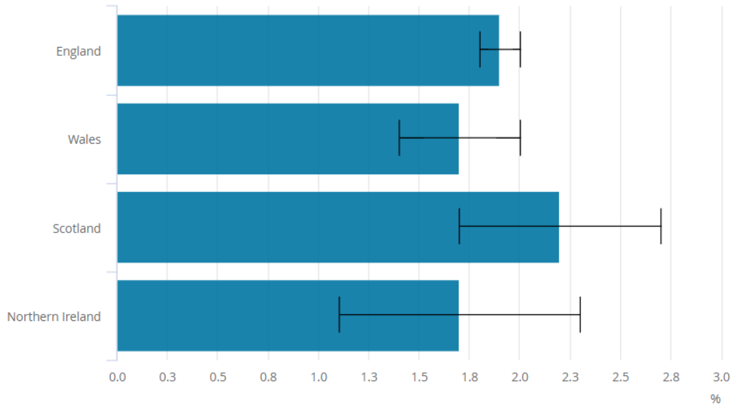
Post-Primary School Pupils with English as Additional Language (Newcomers) by Area



	Belfast Area	Northern Area	South Eastern Area	Southern Area	Western Area
■2012/13	2.1	1.5	0.5	3.3	1.0
■2013/14	1.9	1.5	0.5	3.5	0.8
■2014/15	2.0	1.4	0.5	3.4	0.9
■2015/16	2.1	1.5	0.6	3.5	1.0
■2016/17	2.1	1.6	0.5	3.8	1.0
■2017/18	2.4	1.6	0.7	4.1	1.0
■2018/19	2.6	1.7	0.7	4.6	1.1

Sexual Orientation

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



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

2.2 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	***Needs and Experiences***
Gender	One of the key aims of the Parental Participation project will be establish views and opinions from all gender groups. It may be that parents in certain gender groups may feel more comfortable in same-sex or gender specific service provision for certain topics.
Age	Children aged 5 – 10 years are consistently the highest ‘children in need’ group in referrals to Family Support Hubs. The participation of parents of children in this age group to the planning process will help to inform decisions about early intervention service provision.
Religion	It is recognised that religion can impact on parental participation within specific areas. The participation of parents of all religions will be a requirement of this service.
Political Opinion	It is recognised that Political Opinion can impact on parental participation to planning and service delivery and the use of venues within specific areas.
Marital	The highest group of families referred to Family Support Hubs

Commented [DKB1]: You also should consider the needs of transgender parents – this group of parents will have additional engagement needs due to transphobia. Research suggests that trans people tend to report more negative experiences of statutory services, such as health care and education services. Research also suggests that children of trans parents may experience increased likelihood of bullying in schools. (Metro Youth Chances 2014) This may raise additional issues for this group of parents in participating in the program.

Commented [DKB2]: Also need to think about age in relation to parents themselves – e.g. teenage/ younger parents are less likely to participate in engagement exercises than older parents. Need to think about ways of engaging with this hard to reach group in your mitigation (e.g. using existing networks within the HSC such as PHA Family Nurse Partnership project, or specialist voluntary organisations supporting young parents (e.g. Barnardo’s)

Status	are Lone Parents with an increase from 3261 in 2017/18 to 3369 in 2018/19. Single parents may not have the same support available to them as parents who have the support of a partner. It is also recognised that single parents are a particular risk of poverty. It is important that the participation of lone parents to the planning process is sought through this process.

Dependent Status	It is recognised that parents may also be dependent on others for care, or having additional caring responsibilities. Lone parents may not have the same support available to them as parents who have the support of a partner. It is also recognised that lone parents are a particular risk of poverty.
Disability	It is recognised that factors in a person's environment that, through their absence or presence, limit functioning and create barriers. These include aspects such as: a physical environment that is not accessible; lack of relevant assistive technology (assistive, adaptive, and rehabilitative devices); negative attitudes of people towards disability; services, systems and policies that are either non-existent or that hinder the involvement of all people with a health condition in all areas of life. Parents of children with a disability can have significant issues in relation to having their voices heard. Transition to adulthood is acknowledged to be a key issue. Parents with disabilities (such as sight or hearing impairments, mobility issues and or cognitive impairment) also will have specific needs with regards to the services offered, particularly with communication, access and ensuring services meet their needs.
Ethnicity	Parents and children from different ethnic backgrounds may face additional barriers in accessing and using CYPSP services. These include a lack of awareness of the existence of community and statutory based services, as well as issues with language. It is also recognised that some ethnic groups prefer service providers from their own gender. The following examples illustrate possible barriers some service users may face: Lack of awareness; Integration; Language; Health issues. The National Institute for Health and Care Excellence (NICE) has demonstrated that some black, Asian and other minority ethnic groups face major health inequalities, and multiple health issues

Commented [DKB3]: This needs to be reflected in your mitigation section 2.4 (e.g. ensuring there are different times/ days available for lone parents to participate or different communication mediums (e.g. chat rooms/ email communication/ phone etc.) to facilitate caring responsibilities.

Commented [DKB4]: The legislation also covers people who are looking after those with disabilities. So again you could address how you will facilitate the inclusion of these in your specification for the program within mitigation section.

Commented [DKB5]: This is really good

Commented [DKB6]: This is particularly important for individuals from the Travelling community, See link below to parliamentary paper outlining additional difficulties the Traveling community have in accessing HSC services https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/report-files/36009.htm

Potential mitigation to encourage Traveler Parents /carers participation in the program would be to actively engage with voluntary groups supporting Travelers or advocacy groups (e.g Traveller Movement, An Tobias etc.)

	and risk factors for ill health are more prevalent in minority ethnic communities.[3] There is a need for more local data collection and monitoring of ethnicity and race categories across health and social care and other sectors, to provide more accurate data to inform targeted action to address health inequalities. The Health Alliance notes well documented difficulties encountered by minority ethnic communities in trying to access health and social care. These include: - Language difficulties; - Lack of awareness and lack of appropriate information on the services available; - The need for a permanent address in order to register with a General Practitioner; - Fears about entitlement to health care; - Difficulty in coming to grips with a health care system that is different to what exists in their country of origin; - The failure of some services to meet migrants' cultural or religious needs; - Institutional racism and the negative attitudes of some health care staff; and - Immigration restrictions. (See: http://healthallianceni.com/health-social-wellbeing/bme-groups/)
Sexual Orientation	CYPSP recognise research indicates that despite increased equality and legislative protections that many young LGB people continue to feel 'different' because of their minority sexuality or gender identity, and are more likely to be bullied due to their sexuality or perceived sexuality. This group of adults and young people are also more likely to experience poorer mental health associated with homophobic and heterosexism. LGB people in NI are 3 times as likely as the general population to use illegal substances; twice as likely as the NI population to drink daily or most days. Drugs and Alcohol contributed to 30% of LGB thinking about suicide and 13% attempting suicide.

Commented [DKB7]: Research shows that LGB people report poorer experiences when accessing health and social care, are likely to delay access to healthcare based on previous negative experiences and fear of negative attitudes of health workers specifically in relation to their sexual orientation. (Elliot, M. et al. (2015). Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey, *Journal of General Internal Medicine*, 30 (1): 9-16)

Given that a large number of LGB parents may feel uncomfortable disclosing their sexuality, it may be harder to ensure their views are reflected in the overall group. Your mitigation can show how you can address this (e.g. contacting various LGB support groups/ advocacy organisations such as Rainbow etc.)

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[3] National Institute for Health and Care Excellence (NICE). (2017) *Health and social care directorate - Quality standards and indicators: Briefing paper*. (Available at: https://tinyurl.com/y33hhr42.)

	(Rainbow Project) These issues may result in it being more difficult for gay, lesbian or bisexual parents and children to access services provided under the CYPSP.

Commented [DKB8]: Is this part of the Parental Participation Programme, or the overall CYPSP programme (which would be subject to its own screening exercise, although we can have a chat about this)

2.3 Multiple Identities

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

One of the key outcomes the Children's and Young People's Plan seeks to achieve is that **ALL** children and young people live in a society in which equality of opportunity and good relations is promoted. Therefore, it encompasses those individuals with multiple identities. **It is anticipated that the impact of the Parental Participation project across all S 75 categories,(realized through subsequent service delivery) will be positive.**

2.4 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?

In developing the policy or decision what did you do or change to address the equality	***What do you intend to do in future to address the equality issues you identified?***

issues you identified?	
The CYPSP recognises that, to improve the well-being of children and young people in Northern Ireland, and to improve attitudes towards children and young people from different community backgrounds, it is necessary to take action to ensure that they are treated fairly and equally across all Section 75 categories. **The service specification for the Parental Participation Project includes as an indicator the level of engagement of Section 75 categories which is in line with the overarching CSP.** **Political opinion** The requirements an outcomes of the Parental participation project includes ensuring that particular attention is paid to the needs of parents vulnerable to exclusion and building capacity within communities to connect families to early help networks **Disability** The requirements and outcomes of the Parental Participation project includes ensuring that particular attention is paid to the needs of parents vulnerable to exclusion and building capacity within communities to connect families to early help networks In order to facilitate parents (and children) with disabilities (such as sight or hearing impairments,	Continue to monitor the level of engagement of Section 75 categories to inform subsequent early intervention service delivery to parents at regional and local level. There is a need for more local data collection and monitoring of ethnicity and race categories across health and social care and other sectors, to provide more accurate data to inform targeted action to address health inequalities. The service provider is expected to work with a broad range of Outcomes Groups and relevant regional sub groups to contribute to the identification of equality issues Continue to ensure that that particular attention is paid to the needs of parents vulnerable to exclusion Continue to monitor the level of engagement of section 75 categories. This will allow service provider to see whether the uptake of the services is proportionate to the demographics of the population that uses those services. Lower uptake may be an indicator that there is a need for additional action to ensure that services are accessible. Continue to monitor the level of engagement of section 75 categories. This will allow service provider to see whether the uptake of the services is

Commented [DKB9]: See earlier comments for mitigation for each of the groups mentioned above.

mobility issues and or cognitive impairment), access to sign language interpreters will be provided, as well as having any documentation in accessible formats upon request (e.g. braille, easy-read etc.) **Age** To ensure the voices of children are heard in the planning processes, parents of children of all ages are actively involved as part of engagement processes. **Ethnicity** Organisations that provide services to minority ethnic groups are represented on CYPSP and Outcomes Groups. It is recognised that individuals whose first language is not English may require translation services, both for face to face communication, as well as having documents provided in their own language. If this is required this can be done via the Interpreting service. **Sexual Orientation** There is currently a standing Regional sub-group to promote the needs of young gay, lesbian and bisexual people. This includes nominated representatives from the statutory, voluntary, and community sectors who are concerned with improving the lives of LGBT children and young people across Northern	proportionate to the demographics of the population that uses those services. Lower uptake may be an indicator that there is a need for additional targeted action to ensure that services are accessible. The service provider is expected to work with a broad range of Outcomes Groups and relevant regional sub groups to contribute to the identification of equality issues. HSCB will explore the current procedure for voluntary/community organisations who provide contracted services on its behalf to access translation services and seek to contribute to equality of access to these services. The service provider is expected to link with the relevant regional sub group to contribute to the identification of equality issues in relation to parental participation.

Ireland. **Dependents** It recognition that parents may also be dependent on others for care, or have additional caring responsibilities, Lone parents may not have the same support available to them as parents who have the support of a partner. It is also recognised that lone parents are a particular risk of poverty	Continue to ensure that the requirements of the service specification in respect of the direct participation of all parents are met.

2.5 Good Relations

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

Group	***Impact***	***Suggestions***
Religion		
Political Opinion	As above	
Ethnicity	As above	

Commented [DKB10]: This is about how you will promote good relations between people of different religions (e.g. cross community work involving both religious communities in NI, or work with other religious groups across NI). We can have a chat about this section of the template.

(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	
Minor impact	x
No further impact	

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

Please tick:

Yes	
No	x

Please give reasons for your decisions. The intent of the Parental Participation project in relation to equality of opportunity and good relations are intended to be positive.

(4) CONSIDERATION OF DISABILITY DUTIES

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

How does the policy or decision currently encourage disabled people to participate in public life?	***What else could you do to encourage disabled people to participate in public life?***
In order to facilitate parents (and children) with disabilities (such as sight or hearing impairments, mobility issues and or cognitive impairment), access to sign language interpreters will be provided, as well as having	Consideration to targeted Parental participation if information on direct participation identifies under representation

Commented [DKB11]: This is actually about how disabled people have fed into the design process of the program, rather than as end users of the service. I have moved some of the text from the next section (4.2) to reflect how you have done this.

any documentation in accessible formats upon request (e.g. braille, easy-read etc.) Barnardo's Disabled Children & Young People's Participation Project are an advisory group to CYPSP in relation to Children and Young People's needs and are active participants across the CYPSP infrastructure to ensure the views of disabled people are taken into account and they have an active role in shaping the services. A Regional sub group, which focusses on the integrated planning and service delivery for children with disabilities includes representation from statutory, community and voluntary partners	

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?

How does the policy or decision currently promote positive attitudes towards disabled people?	***What else could you do to promote positive attitudes towards disabled people?***
The requirements and outcomes of the Parental Participation project includes ensuring that particular attention is paid to the needs of parents vulnerable to exclusion and building capacity within communities to connect families to early help networks In order to facilitate parents (and children) with disabilities (such as sight	Continue to monitor the level of engagement by the service provider to the relevant forums and subgroups.

or hearing impairments, mobility issues and or cognitive impairment), access to sign language interpreters will be provided, as well as having any documentation in accessible formats upon request (e.g. braille, easy-read etc.) Barnardo's Disabled Children & Young People's Participation Project are an advisory group to CYPSP in relation to Children and Young People's needs and are active participants across the CYPSP infrastructure to ensure the views of disabled people are taken into account and they have an active role in shaping the services. A Regional sub group, which focusses on the integrated planning and service delivery for children with disabilities includes representation from statutory, community and voluntary partners	

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

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

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

List the Article Number	Positive impact or potential interference?	How?	Does this raise any legal issues?* Yes/No

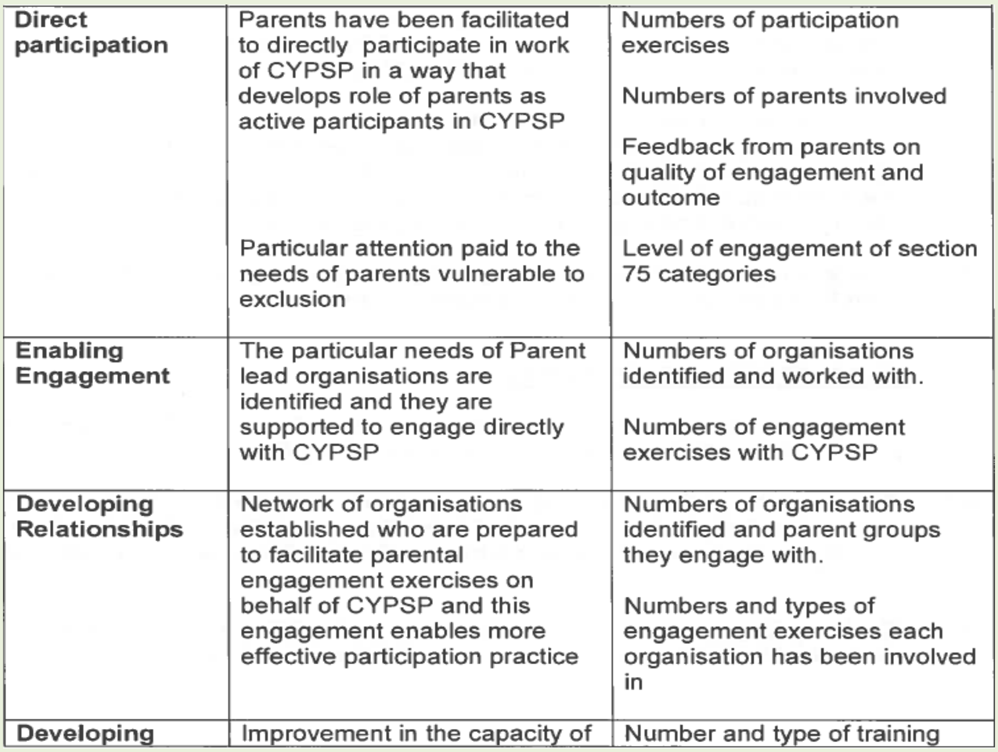
** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

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.

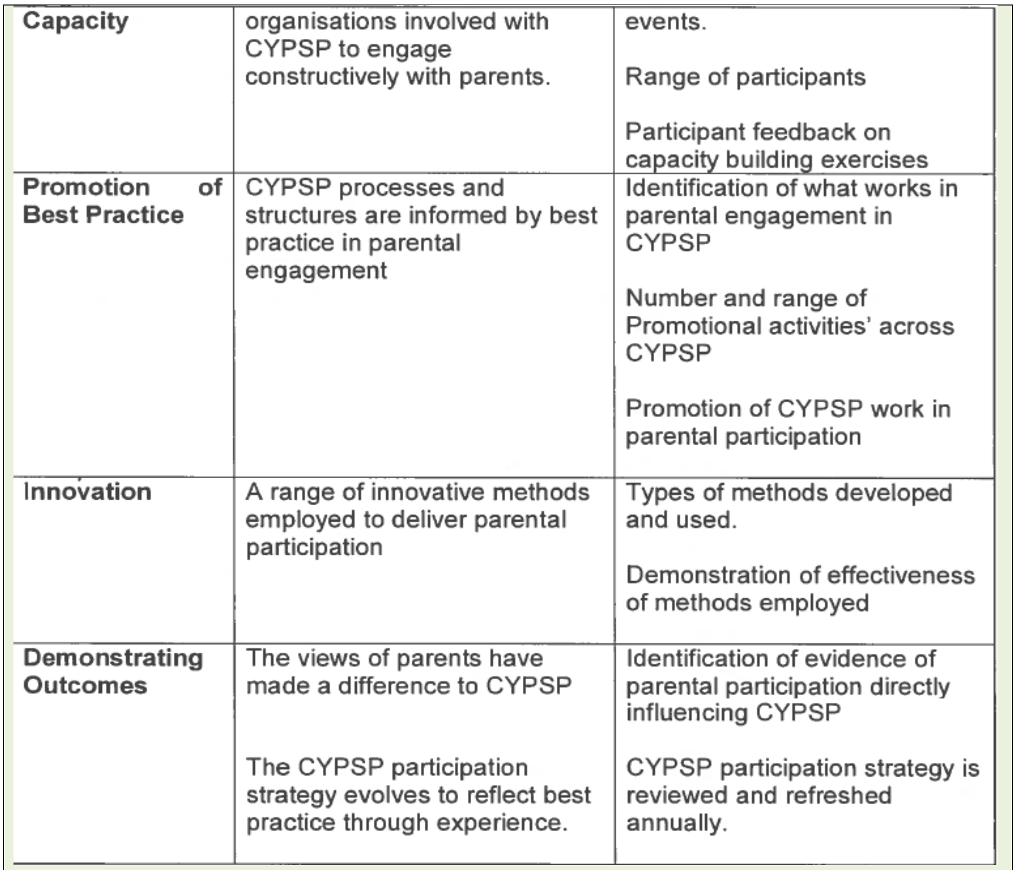
(6) MONITORING

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



Direct participation	Parents have been facilitated to directly participate in work of CYPSP in a way that develops role of parents as active participants in CYPSP Particular attention paid to the needs of parents vulnerable to exclusion	Numbers of participation exercises Numbers of parents involved Feedback from parents on quality of engagement and outcome Level of engagement of section 75 categories
Enabling Engagement	The particular needs of Parent lead organisations are identified and they are supported to engage directly with CYPSP	Numbers of organisations identified and worked with. Numbers of engagement exercises with CYPSP
Developing Relationships	Network of organisations established who are prepared to facilitate parental engagement exercises on behalf of CYPSP and this engagement enables more effective participation practice	Numbers of organisations identified and parent groups they engage with. Numbers and types of engagement exercises each organisation has been involved in
Developing	Improvement in the capacity of	Number and type of training



Capacity	organisations involved with CYPSP to engage constructively with parents.	events. Range of participants Participant feedback on capacity building exercises
Promotion of Best Practice	CYPSP processes and structures are informed by best practice in parental engagement	Identification of what works in parental engagement in CYPSP Number and range of Promotional activities' across CYPSP Promotion of CYPSP work in parental participation
Innovation	A range of innovative methods employed to deliver parental participation	Types of methods developed and used. Demonstration of effectiveness of methods employed
Demonstrating Outcomes	The views of parents have made a difference to CYPSP The CYPSP participation strategy evolves to reflect best practice through experience.	Identification of evidence of parental participation directly influencing CYPSP CYPSP participation strategy is reviewed and refreshed annually.

Approved Lead Officer: Maxine Gibson

Position: CYPSP Professional Advisor

Policy/Decision Screened by:

Signed:
Date:

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

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

Template produced November 2011

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

For advice and support on screening contact:

Equality Unit/ BSO /James House/ 2-4 Cromac Avenue/ Belfast/ BT7 2JA Tel: 028 9536 3961