

Equality Screening

PfG INDICATOR 10 – LOOKED AFTER CHILDREN

- Part 1 – Policy scoping
- Part 2 – Screening questions
- Part 3 – Screening decision
- Part 4 – Monitoring
- Part 5 – Disability Duties
- Part 6 – Human Rights
- Part 7 – Approval and Authorisation

Part 1. Policy scoping

1.1 Information about the policy / decision

1.1.1 What is the name of the policy / decision?

PFG Indicator 10 - Improve support for Looked After Children

1.1.2 Is this an existing, revised or a new policy / decision?

This is a new PFG indicator and associated delivery plan, arising from PFG 2016-21. The indicator is to “Improve Support for Looked after Children” with an associated key measure, “the % of 19 year old care leavers in education, training or employment.”

The delivery of this indicator is linked to the implementation of two new departmental policies that are currently in development – the Looked After Children and Family Support strategies – and which are subject to equality screening separately.

1.1.3 What is it trying to achieve? (intended aims/outcomes)

The intended outcome of Indicator 10 is to improve support for Looked After Children (LAC) and to equip them to enable them to live happy, healthy and successful post-care lives.

This indicator is linked primarily to the delivery of PFG Outcomes 8 (care for others and those in need) and 14 (giving our children and young people the best start in life). It is also linked to a range of other indicators, including Outcome 3 (we have a more equal society), Outcome 4 (we enjoy long, health, active lives), Outcome 5 (innovative, creative society where people can fulfil their potential), Outcome 6 (we have more people working in better jobs), Outcome 7 (safe community where we respect law and each other) and Outcome 11 (high quality public services).

What are the PFG proposals to “shift the curve”?

We intend to test new ways of working, which will involve piloting new approaches, for example, the introduction of a new Family Drug and Alcohol Court. These new ways of working will require:

- new investment to support the introduction of extended services, for example, after care services for longer or for greater numbers of care leavers;
- the movement of existing investment to, for example, support preventative and earlier interventions; or
- the introduction of new legislation.

We will work with other government departments to implement Looked-After Children and Family Support Strategies, supported by Improving and Safeguarding Social Wellbeing: a Strategy for Social Work. Through implementation, the aim will be to deliver:

- i. Improved support for greater numbers of families at an earlier stage (this will require a shift in children's services expenditure towards prevention and intervention at the earliest opportunity);
- ii. Targeted intensive support for families and or children and young people when risk of entry to care is high;
- iii. Fewer numbers of children and young people entering care;
- iv. Some children and young people entering care at an earlier stage, where it is appropriate;
- v. Earlier permanence for children and young people in care;
- vi. Greater stability for children and young people in care, supported by effective relationship-building models;
- vii. Strengthened support for care givers, including residential care workers, foster and kinship carers, those who adopt children and young people from care and those who offer children and young people in care a permanent home by way of a private law order;
- viii. A more effective 'system' of regional specialist children's services, characterised by sharing of services, where appropriate;
- ix. Improved outcomes for children and young people in care in key areas of their lives, including physical, mental and emotional well-being and educational attainment;
- x. Extended support for children and young people after care, including those children and young people who return home.

1.1.4 If there are any Section 75 categories which might be expected to benefit from the intended policy, please explain how.

The section 75 categories of age (children and young people) and disability (specifically children and young people with disabilities) will benefit from this policy.

The Delivery Plan is specifically intended to improve support for Looked after Children, that is, children up to 18 years of age. It also outlines plans to extend support for those who are leaving or have left care.

1.1.5 Who initiated or wrote the policy?

LAC and Adoption Policy Unit, Family and Children's Policy Directorate, Department of Health.

1.1.6 Who owns and who implements the policy?

LAC and Adoption Policy Unit, Family and Children's Policy Directorate owns the Delivery Plan, which is one of a set of indicators for Programme for Government which will be monitored by the NI Executive.

This indicator links to a number of other outcomes, and the SRO will work with other outcome owners (across NI departments) to deliver the plan and evaluate its success.

1.2 Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision? If yes, are they

Financial

Legislative

Other

Some actions in the PFG delivery plan may require resourcing. These are evolving plans and can be phased as funding becomes available or as new ways of working embed and release funding to be invested in further actions. Some of the actions may be low or no costs.

Other actions may require a change to legislation in order to implement them. As such, their timescales will be subject to the NI Assembly legislative process.

1.3 Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon?

Staff

Service users

Other public sector organisations

Voluntary/community/trade unions

Other, please specify

Families who require additional support, children in care and care experienced young people.

1.4 Other policies with a bearing on this policy / decision. If any:

Policy	Owner(s) of the policy
LAC Strategy (in development) Family Support Strategy (in development)	Eilis McDaniel Family and Children's Policy Directorate, DoH
Social Work Strategy (in development)	Christine Smyth Office of Social Services, DoH
This is one of a set of indicators for Programme for Government which will be monitored by the NI Executive. It links primarily to Outcomes 8 and 14.	Outcome 8 owner – Leo O'Reilly, DfC Outcome 14 owner – Paul Sweeney, DE

1.5 Available evidence

What evidence/information ([both qualitative and quantitative*](#)) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

There were a total of 2,890 Looked After Children (LAC) at 31 March 2016¹. This rose from a total of 2,875 at 31 March 2015.²

The Department conducts an annual survey of children in care. The main purpose of this survey is to monitor the delivery of social care services to children; assess Trust performance; corporate monitoring; and to inform policy development. The focus of this survey is children who have been in care continuously for a period of 12 months or longer,

¹ DoH (2016) Children's Social Care Statistics for Northern Ireland 2015/16

² DoH (2015) Children's Social Care Statistics for Northern Ireland 2014/15

rather than focusing on those on a short break. The Department also publishes annual statistics on care leavers aged 16-18 and 19 year olds. Information from all these sources are used here to inform this equality assessment.

Section 75 category	Details of evidence/information
Religious belief	<p>Looked after children³ Of the 2,875 children looked after at 31 March 2015:</p> <ul style="list-style-type: none"> • 49% were from a Catholic background • 30% were from a Protestant background • 20% were of other, none or unknown background <p>Care leavers aged 16-18⁴ Of the 289 care leavers aged 16-18 in 2014/15:</p> <ul style="list-style-type: none"> • 43% were from a Catholic background • 49% were from a Protestant background • 8% were of other, none or unknown background <p>Care leavers aged 19 (n=201)⁵ Of the 201 young people aged 19 who reached their 19th birthday at 31 March 2015:</p> <ul style="list-style-type: none"> • 47% were from a Catholic background • 47% were from a Protestant background • 5% were from another, none or unknown background
Political opinion	No information could be identified for this category
Racial group	<p>Looked after children</p> <p>Of the 2,875 children looked after at 31 March 2015:</p> <ul style="list-style-type: none"> • 96% of LAC were white. The remaining 4% were of Irish Traveller, mixed or other ethnic groups. <p>Care leavers aged 16-18</p> <p>Of the 289 care leavers aged 16-18 in 2014/15, 96% were white.</p>

³ DoH (2016) Children's Social Care Statistics for Northern Ireland 2014/15

⁴ DOH (2016) NI Care Leavers 2014/15

⁵ DOH (2016) NI Care Leavers 2014/15

	<p>Care leavers aged 19</p> <p>Of the 201 young people aged 19 at 31 March 2015, 95% were white.</p>
<p>Age</p>	<p>Looked after children</p> <p>Of the 2,875 children looked after at 31 March 2015:</p> <ul style="list-style-type: none"> • 23% were under 5 years of age • 35% were aged 5-11 • 24% were aged 12 to 15 • 18% were aged 16 and over <p>Across a range of age groups, LAC do not attain as high educational grades as their peer groups in the general population. Just over a quarter of children who had been in care for 12 months or longer and were of compulsory school age in 2014/15 were covered by a Statement of Educational Need (27%), which was substantially higher than the general school population in NI (5%). 27% of LAC received 5 or more GCSEs at grades A*-C compared to 83% of the general population.</p> <p>Care leavers aged 16-18</p> <p>Of the 289 care leavers aged 16-18 in 2014/15:</p> <ul style="list-style-type: none"> • 10% were aged 16 • 7% were aged 17 • 83% were aged 18 <ul style="list-style-type: none"> • 75% had GCSEs or other qualifications. However, the proportion obtaining 5 GCSE's (A*-C) or higher was 25% which remains much lower than for school leavers as a whole (79%). The proportion of young people leaving care with no qualifications was 26% in 2014/15. • Of care leavers aged 16-18 for whom information was available 61% were in education or training, 8% were working and 31% were unemployed or economically inactive. <p>Care leavers aged 19</p> <p>During the year ending 31 March 2015, 201 young people who had been in care on 1 April 2012 reached their 19th birthday.</p> <p>The key measure being used to determine the extent to which LAC are better off as a consequence of this PfG commitment relates specifically to children who have left care and who, at age 19, are actively employed, in education or undertaking training (referred to as ETE).</p>

	From 2012/13-2014/15, 66% of care leavers aged 19 (who were in contact with social services) were in ETE.
Marital status	No information could be identified for this category but as this group relates to children and young people, it is assumed that the majority are single.
Sexual orientation	No information could be identified for this category
Gender (Men and women generally)	<p>Looked after children Of the 2,875 children looked after at 31 March 2015:</p> <ul style="list-style-type: none"> • 52% were male • 48% were female <p>Care leavers aged 16-18 Of the 289 young people aged 16-18 who left care in the year ending 31 March 2015, 53% were female and 47% were male.</p> <p>Care leavers aged 19 Of the 201 young people aged 19 at 31 March 2015, 57% were male and 43% were female.</p>
Disability (with or without)	<p>The definition of disability used in the OC2 survey is “the child has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities.”</p> <p>Looked after children Using this definition, of the 2,875 children looked after at 31 March 2015, 13% were reported as having a disability. This percentage remained the same at 31 March 2016. Disability was more prevalent in males than females (17% compared to 10%).</p> <p>Having a disability can have a major impact on children’s life chances. People with disabilities in general, and care experienced children in particular, are more likely to have a disability (particularly a learning disability), are more like to suffer from multiple disadvantage, are more likely to live in poverty, come from an area of multiple deprivation, are less likely to have educational qualifications and be more likely to be economically inactive.</p>

	<p>Although not directly comparable, the NI Census found that 5% of children in Northern Ireland had a limiting long term illness or disability that limited their day to day activity. It would therefore suggest that having a disability is more prevalent among LAC than those in the general population.</p> <p>A high proportion of children already have mental health difficulties at the point of entry into care and frequently have emotional or behavioural problems. Children who have poor mental health when they enter care are at greater risk of placement instability.</p> <p>A more recent TEO funded study of the physical and mental health of looked after children and young people in NI⁶ found that 36% were within the abnormal range in terms of emotional symptoms (compared with 10% expected from a community sample). However, a significant effect of age was found, with the proportion of children falling within the abnormal range increasing with age. Within the 5-11 age range, the proportion within the abnormal range was 30%. However, this increased to 40% within the 12-15 age range, to 41% within the 16-17 age range, and to 50% of those aged 18 and above.</p> <p>Care leavers aged 16-18 (n=289)</p> <p>Of the 289 care leavers aged 16-18 in 2014/15 15% had a disability. Just over half had a learning disability (52%), 29% were on the autistic spectrum and 12% had a mental health condition.</p> <p>The NI Census 2011 reported that 6% in the general population of this age group had a long term illness. A higher proportion of LAC in this age group had a Statement of Educational Need (14%) compared with the general school population (5%).</p> <p>Care leavers aged 19 (n=201)</p> <p>Of the 201 young people aged 19 at 31 March 2015, 11% had a disability, 36% of whom had a learning disability. Although not directly comparable, figures from the 2011 NI Census showed that 7% of 18-19 years olds had a disability.</p>
<p>Dependants (with or without)</p>	<p>In 2014/15, 10 young people in care had one or more dependent children (down from 18 in 2013/14). The majority of the young people with dependants were female and all were aged 16 years or older.</p>

⁶ McSherry, D. et al (2015) *Mind Your Health – The Physical and Mental health of LAC and Young People in NI*

	<p>Care leavers aged 19</p> <p>Of the 201 care leavers aged 19 at the end of March 2014/15, 16% were parents, 23 of these were women and 9 were men. 26% of these female care leavers became parents on or before their 19th birthday.</p> <p>During 2014, 3% of all births in the general population in Northern Ireland were to teenage mothers and furthermore, 3% of the 19 year old female population became mothers the same year⁷. Although these figures are not directly comparable, it does indicate a higher prevalence of teenage mothers in the cohort of care leavers.</p>
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1.6 Needs, experiences and priorities

Taking into account the information recorded in 1.1 to 1.5, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision? Specify details for each of the Section 75 categories

Section 75 category	Details of needs/experiences/priorities
Religious belief	No evidence of specific need has been identified
Political opinion	No evidence of specific need has been identified
Racial group	No evidence of specific need has been identified
Age	<p>The focus of this indicator is on children up to the age of 18 (as defined by the Children NI Order) and young people (up to the age of 19). It is about improving support for those children and young people who are taken into care and looked after by the State. Once taken into care there is an onus on us to ensure these children have the best possible outcomes across all aspects of their lives. Including their emotional wellbeing, their happiness, their education and their health.</p> <p>Whilst some children and young people do go on to reach their full potential on leaving care, many LAC's outcomes tend to fall significantly below those of the general population, most notably educational outcomes, and it is</p>

⁷ Source: *Births in Northern Ireland (2014)*, Northern Ireland Statistics and Research Agency 2015.

	these outcomes that tend to be predictors of further life chances such as employment, deprivation, mental health, risk behaviours, etc. children and young people in the looked after population are the key beneficiaries of this policy.
Marital status	No evidence of specific need has been identified
Sexual orientation	No evidence of specific need has been identified
Gender (Men and women generally)	No evidence of specific need has been identified
Disability (with or without)	<p>Given the significant differences in outcomes of LAC in relation to their educational attainment, compounded by high levels of those with Statements of Educational Need and learning disabilities amongst this cohort, this indicator aims to target improved support to this group by delivering improved outcomes in physical, mental and emotional wellbeing and education attainment.</p> <p>It also focuses on providing greater stability for children and young people, earlier permanence, more effective regional services and maintaining that support to children when they return home.</p>
Dependants (with or without)	<p>No evidence of specific need has been identified.</p> <p>This indicator focuses on extending support for children and young people after they leave care. Given the high prevalence of teenage mothers in the cohort of 19 year old care leavers additional support provided to this group will have positive impacts as well as improving outcomes relating to their physical, mental and emotional well-being.</p>

Part 2. Screening questions

All aspects of the Delivery Plan for this indicator are intended to have positive impacts on children and young people who are in the care of the State, and after they leave care, through additional support provided to them into early adulthood.

2.1 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/none)		
Section 75 category	Details of policy impact	Level of impact? minor/major/none
Religious belief	None expected	None
Political opinion	None expected	None
Racial group	None expected	None
Age	Positive impacts are expected as this focuses on children up to the age of 19 who are, or have been, in the care of the State	Major
Marital status	None expected	None
Sexual orientation	None expected	None
Gender (Men and women generally)	None expected However educational outcomes of males tend to be worse than females (although this can vary year on year), hence any additional support provided might be assumed to benefit males more.	None

Disability (with or without)	Positive impacts expected due to the disproportionate numbers of LAC who have a disability, particularly a learning disability.	Major
Dependants (with or without)	Positive impacts expected for those LAC who have dependants, most of whom are aged 19.	Minor

2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?		
Section 75 category	If Yes, provide details	If No, provide reasons
Religious belief		No, this is the best way we know of levelling the playing field for this group of children and young people. The positive impacts are related to age and disability, as noted above
Political opinion		
Racial group		
Age		
Marital status		
Sexual orientation		
Gender (Men and women generally)		
Disability (with or without)		

Dependants (with or without)		
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2.3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group? (minor/major/none)		
Good relations category	Details of policy impact	Level of impact minor/major/none
Religious belief	No expected impact on good relations	None
Political opinion	No expected impact on good relations	None
Racial group	No expected impact on good relations	None

2.4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?		
Good relations category	If Yes, provide details	If No, provide reasons
Religious belief		The delivery plan offers limited potential to promote good relations between people of different religious belief.
Political opinion		The delivery plan offers limited potential to promote good relations between people of different political opinion.
Racial group		The delivery plan offers limited potential to promote good relations between people of different racial group.

2.5 Additional considerations

Multiple identity

Provide details of data on the impact of the policy on people with multiple identities (e.g. minority ethnic people with a disability, women with a disability, young protestant men, young lesbian, gay or bisexual persons). Specify relevant Section 75 categories concerned.

There are no anticipated differential negative impacts on people with multiple identities, however it is assumed that there will be positive impacts for young people with disabilities.

2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so please provide details.

No adverse impacts have been identified in relation to the Delivery Plan. It was developed in consultation with key stakeholders to address areas where additional support could be provided to Looked after children and young people, including as they leave care. This will promote equality of opportunity for this group and it is hoped that this will level the playing field for this group of children and young people by ensuring that they have the necessary supports to deal with the effects of their pre-care trauma, and the associated impacts this has on their mental wellbeing, educational attainment and future potential.

Part 3. Screening decision

3.1 How would you summarise the impact of the policy / decision?

No impact
Minor impact
Major impact

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

Consider mitigation (3.4 – 3.5)
Positive impacts only

3.2 Do you consider that this policy / decision needs to be subjected to a full Equality Impact Assessment (EQIA)?

Yes - screened in
No - screened out

<input type="checkbox"/>
<input checked="" type="checkbox"/>

3.3 Please explain your reason for making your decision at 3.2.

The intended policy/delivery plan is to provide additional support to LAC and young people leaving care. It is not intended remove any of these supports, hence all anticipated impacts are intended and expected to be positive.

We have engaged in consultation with key stakeholders in the development of the Delivery Plan, and will continue to do so in development of related strategies. All discussions have been welcomed, and no negative impacts have been identified through this process. However we will continue to monitor this at formal consultation and through ongoing dialogue with key stakeholders and with children and young people themselves.

Mitigation

If you have concluded at 3.1 and 3.2 that the likely impact is '**minor**' and an equality impact assessment is not to be conducted, you must consider mitigation (or scope for further mitigation if some is already included as per 2.6) to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

3.4 Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

Yes
No

<input type="checkbox"/>
<input checked="" type="checkbox"/>

3.5 If you responded “**Yes**”, please give the **reasons** to support your decision, together with the proposed changes/amendments or alternative policy.

Part 4. Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

4.1 Please detail how you will monitor the effect of the policy / decision?

The implementation of the delivery Plan will be monitored annually by the Department, in discussion with the Health and Social Care Board and our key stakeholders who have a vested interest in this policy.

Ongoing consultation and dialogue with our key stakeholders will continue throughout the implementation phase to monitor the effects of the policy and to ensure it meets its intended aims/achieves the intended outcomes.

The Delivery Plan will also be subject to evaluation (timing to be determined) to ensure it achieves its intended outcomes.

4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

The Department has access to a significant range of data which will enable us to monitor the effects of the implementation and outcomes of this policy. We publish the results from annual surveys and can disaggregate this information as required (albeit the numbers are small for certain categories). In addition the Health and Social Care Board also provides half yearly statistics to the Department from the Trusts on delegated statutory functions, which is used to inform policy. Research and statistics, both quantitative and qualitative, are also shared with us by Arms Length Bodies, researchers from universities and other projects and will be used to inform achievement of the intended policy outcomes for this group.

Part 5. Disability Duties

5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?

Whilst not specifically related to positive attitudes or participation in public life, the policy is intended to address some of the issues experienced by Looked After Children and care experienced young people who are more likely to have a learning disability and behavioural issues, which adversely affects their ability achieve good educational and other outcomes.

5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?

No

Part 6. Human Rights

6.1 Does the policy / decision affect anyone's Human Rights?

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

6.2 If you have identified a likely negative impact who is affected and how?

Not applicable

At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

6.3 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/decision.

Not applicable

Part 7 - Approval and authorisation

	Name	Grade	Date
Screened completed by:	Bernie Duffy/ Elaine Lawson	DP G7	14/10/16
Approved by ¹	Eilis McDaniel	G5	19/10/16
Forwarded to E&HR Unit ²	Bernie Duffy	DP	7/11/16

Notes:

¹ The Screening Template should be approved by a senior manager responsible for the policy this would normally be at least Grade 7.

² When the Equality and Human Rights Unit receive a copy of the final screening it will be placed on the Department's website and will be accessible to the public from that point on.

In addition, consultees who elect to receive it, will be issued with a quarterly listing of all screenings completed during each three month period.

