

# Equality and Human Rights Screening Template

The Safeguarding Board for Northern Ireland (SBNI) 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?

For advice & support on screening contact:

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# 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

Safeguarding Board for Northern Ireland (SBNI) Strategic Plan 2013 - 2016

### 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)**

The Strategic Plan sets out the functions, purpose, vision, values, objectives and priorities of the SBNI for the next three years, taking into account the duties placed on the SBNI as stipulated in the Safeguarding Board (Northern Ireland) Act 2011 (the Act). Further prescription of the membership, functions and procedures are provided for in the Safeguarding Board for Northern Ireland (Membership, Procedure, Functions and Committee) Regulations (Northern Ireland) 2012 (the SBNI Regulations) and the SBNI Guidance (December 2012).

This Strategic Plan has been prepared to cover the period April 2013 to March 2016. Its aim is to fulfil the responsibility of the SBNI to coordinate and ensure the effectiveness of what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children and young people.

The annual business plan will provide a process by which the strategic plan can be delivered over three years. The objectives set within the business plan will therefore reflect the Board's strategy.

As stipulated by Regulation 16 the SBNI must ensure that it exercises its functions in a manner that:

- Takes into account the views of children and young persons on the effectiveness of the arrangements to safeguard and promote the welfare of children;

- Takes into account the importance of parents and other carers in safeguarding and promoting the welfare of children; and
- Is transparent, proportionate and consistent.

The SBNI Strategic Plan for the years 2013 - 2016 defines four corporate objectives.

1. Driving improvements in the current child protection system;
2. Providing leadership and setting direction;
3. Working in partnership to ensure children and young people are living in safety and with stability;
4. Protect and safeguard children by responding to new and emerging concerns.

The Safeguarding Board for Northern Ireland Strategy 2013 – 2016 covers a number of key safeguarding and child protection objectives which supports the tangible demonstration of society's commitment, to protecting the rights and wellbeing of children and young people. The Strategic Plan's concentration will be upon looking at, how those agencies which make up the SBNI, can individually, and collectively, improve, their services and governance arrangements for families and children at risk or in considerable need. The Board will seek to coordinate the efforts of all its member agencies, to tackle issues in a coordinated and holistic fashion. The focus will be totally on those children and young people (and their families) whose are either at risk or in need of safeguarding. This focus on children and young people is in line with the SBNI's statutory responsibilities.

The term safeguarding is intended to be used in its widest sense, that is, to encompass both prevention and protection activity. Morrison highlighted that the safeguarding needs and risks to children who do not reach the threshold for statutory child welfare responses can be as severe as the risks to children who are within the formal multi-agency Child Care system (Morrison 2006). These have tended to be families characterised by emotional abuse or neglect which appear on the surface to cope, but where children are very vulnerable to longer term effects, or which may be prone to sudden deterioration. Such cases rarely receive intensive or co-ordinated interventions.

Safeguarding children is the process of preventing impairment of children's health and development, and of ensuring they are growing up safely and securely and provided with effective care, all of which collectively enables them to attain greater success in adulthood. Safeguarding also extends to protecting

children from abuse or neglect, when it occurs, including the promotion and protection of children's rights.

With regards to equality, the SBNI recognise that there is a focus on children given the roles and responsibilities outlined in the SBNI (Northern Ireland) Act 2011 and given this attention there is automatically an identified impact on the basis of age. SBNI recognise that they cannot target all the issues affecting children in relation to both child protection and safeguarding and indeed it is not the organisation's strategic responsibility. The SBNI has a role to co-ordinate and ensure the effectiveness of its member agencies in terms of safeguarding and protecting children and young people. SBNI recognise that the needs, experiences and priorities of groups within each Section 75 category may vary substantially.

The key priorities that are contained in the strategy set out the direction for SBNI over the next 3 years. These are closely aligned with the core functions of the SBNI, as defined by legislation. The different needs, experiences and priorities of the Section 75 groups will continue to be considered as individual policies and strategies are screened as they are taken forward. Within each of these screening exercises, the specific needs and experiences of groups within each of the Section 75 categories will be assessed. This will be of particular relevance to Strategic Priority 2 (providing leadership and setting direction) and Strategic Priority 4 (protect and safeguard children by responding to new and emerging concerns), as policies and procedures will be developed aimed at specific groups of children who will be adversely affected dependent on their Section 75 category.

The SBNI also recognise that other safeguarding child protection priorities could have been identified for the purposes of the Strategic Plan. Many of these other issues are of considerable importance in relation to the safeguarding and protection of children. It is recognised that the SBNI cannot deliver on all of these objectives and therefore, choices had to be made. These choices were made on the basis of feedback from Voluntary & Statutory Organisations in relation to safeguarding priorities identified by children & young people, views of practitioners, member agencies, the SBNI's strategic responsibilities and taking account of what others are doing in this area and strive to avoid duplication or overlap. The SBNI will be keen to ensure that other bodies working on safeguarding and child protection issues take into account the specific needs and experiences of children within each of the Section 75 categories.

In a mechanism to avoid duplication, the SBNI undertook a joint exercise with the Children and Young People's Partnership (CYPSP) to consider the current thematic priorities for the CYPSP and SBNI taking into account: limited

resources, changes to agencies and uncertainty. Listed below are the various groups of children that could potentially be considered 'vulnerable' and 'disadvantaged'. The groups considered the following:

- the groups of children the SBNI has to 'protect' as part of the core business irrespective of resource limitations and organisational changes and require on-going or new work;
- the groups of children that the CYPSP or SBNI should give high priority to and require on-going or new work;
- the groups of children that the CYPSP or SBNI are unable to undertake active work with but either/both should continue to monitor need and service provision in some way;
- the groups of children that other partnerships are or can work with and can be held to account by the SBNI and/or CYPSP for this work.

From this exercise, information from research, lessons from Case Management Reviews, input from Practitioners, Member Agencies and feedback from Voluntary & Statutory Organisations in relation to safeguarding priorities identified by children & young people, the following groups of children are deemed the priority for SBNI over the next three years.

- Children and Young People who go missing from home or care and are at risk of sexual exploitation;
- Children and young people who are at risk of becoming criminalised through on-line activity, bullying through cyber activity and sexual abuse through 'sexting' and on-line exploitation.
- Long standing children in need / protection cases where neglect and multiple adversities have been a causal factor.

Under the SBNI's objectives of ensuring and coordinating, the SBNI can play a number of roles from monitoring, evaluating, challenging, driving change, and leading in relation to its core functions. The following groups of children that other partnerships are working with and deemed vulnerable, disadvantaged and in need of protection include:

- Children who are living in circumstances where there is:
  - Domestic Violence
  - Parental mental health problems
  - Parental alcohol and drugs problems
- Children who are disabled.

SBNI will seek to influence the Lead Partners working with these children to ensure the existence of effective safeguarding outcomes.

The financial climate for the future has never been so uncertain in terms of the environment in which Health and Social Care Organisations will have to deliver their services.

### **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**

Internal: SBNI Officers

External: Members of the Public, Children, Young People and their families, DHSSPS, Health and Social Care Board (HSCB), Public Health Agency (PHA), Patient and Client Council, Business Services Organisation, Health and Social Care Trusts, Voluntary and Community Sector, NSPCC, Professional Organisations, Other Statutory Organisations who form part of the SBNI including, Education, Police, Local Councils, Youth Justice, Probation, Prison Service, NICCY, Ombudsman,

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

- **what are they?**
- **who owns them?**
- Health and Social Care Board (HSCB) Directorate of Social Care and Children Delegated Statutory Functions Statistical Report, March 2012.
- HSSPS Children's Social Care Statistics for Northern Ireland, 2011/2012.
- "I thought I was the only one. The only one in the world". The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation In Gangs and Groups Interim report, November 2012
- 'Not a world away', the sexual exploitation of children and young people in Northern Ireland, Barnardo's 2011
- A qualitative study of children, young people and 'sexting' - A report prepared for the NSPCC 2012
- [http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabuse/sexting-research-report\\_wdf89269.pdf](http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabuse/sexting-research-report_wdf89269.pdf)
- <http://www.iwf.org.uk/resources/trends#1>

- Public Health Agency Health Intelligence Briefing – Deaths in Under eighteen year old in Northern Ireland January 2013
- An investigation into the application of child protection and related procedures with children and young people who display sexually harmful behaviours. Yiasouma, Gossrau & Leonard 2006
- The needs and effective treatment of young people who sexually abuse: current evidence - **Joint** Department of Health and National Institute for Mental Health in England (NIMHE) Research.

Moreover, we drew on the following key legislation and strategies:

- The Safeguarding Board (Northern Ireland) Act 2011 (the Act);
- The Safeguarding Board for Northern Ireland (Membership, Procedure, Functions and Committee) Regulations (Northern Ireland) 2012 (the SBNI Regulations);
- SBNI Guidance as issued by the Department of Health, Social Services and Public Safety (the Department) under section 5 of the Act;
- The United Nations Convention on the Rights of the Child (UNCRC). In accordance with UNCRC, the SBNI must act at all times in the best interests of the child (Article 3), in a manner which is non-discriminatory (Article 2), in a way which respects the views of the child (Article 12), and for the purpose of protecting the child's inherent right to life, survival and development to the maximum extent possible (Article 6).
- Other Articles of the UNCRC of particular relevance to the work of the SBNI are Articles 19, 34, 36, 37 and 39;
- The Hague Children's Conventions;
- The Human Rights Act (1998);
- The European Convention on Human Rights (ECHR);
- The Children (Northern Ireland) Order 1995 ;
- Co-operating to Safeguarding, DPSSPS;
- Executive's 10 year strategy for Children and Young People, '*Our Children and Young People – Our Pledge*';
- Children and Young People Strategic Partnership, Outcomes and Commissioning Plans;
- Translating Learning into Action: An overview arising from Case Management Reviews (CMR) in Northern Ireland 03 – 08 Devaney et al;

Other strategies that the SBNI took cognisance off included:

- Families Matter, the Department of Health, Social Services and Public Safety strategy for family support and parenting;
- Families' and Children's Services Guide – 'Think Child, Think Parent, Think Family - a guide to parental mental health and child welfare';
- DHSSPS Regional Strategy for tackling Domestic Violence;

- DHSSPS Hidden Harm Action Plan;
- DOJ Community Safety Strategy 2011-2017;
- DOJ Strategic Framework for Reducing Offending 2012;
- DHSSPS – Service Framework for Mental Health and Well-being;
- New Urban Regeneration and Community Development Framework;
- New Strategic Direction on Alcohol and Drugs 2011 – 2016;
- DHSSPS Protect Life Strategy.

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

Further important sources of information we drew on were:

- Meetings with Children and Young People's Strategic Partnership (CYPSP);
- Joint workshop with CYPSP to establish which groups of children and young people in Northern Ireland have specific safeguarding needs and to share information about priorities with regard to planning and commissioning services for these groups of children and young people;
  - SBNI Member Agencies Strategic, Business and Commissioning Plans;
  - UK Safeguarding Board's Strategic & Business Plans;
  - Northern Ireland Statistics and Research Agency – Census Data 2011;
  - Audit with Practitioners to identify key safeguarding and child protection priorities.
- Review of information held by voluntary and statutory organisations in relation to key safeguarding priorities as identified by children and young people.
- SBNI workshop designed to help members understand what it is they are being asked to do as a Safeguarding Board and to start the process of thinking through how the Board will operate in pursuit of its goal to improve the safeguarding of vulnerable children in N Ireland;
- SBNI workshop - perspective of a young person in relation to their involvement with statutory and voluntary agencies in respect of child protection;

### **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.**



## 2.2 Quantitative Data

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

Category	<i>What is the makeup of the affected group? ( %) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	<p><b>General Population Data</b>            NI Population Statistics (2011 Census Data)            Population of Northern Ireland in 2011 was 1,810,863            Male = 49%      Female = 51%</p> <p>Children (Aged 0-17) : 430,763 (24%)            Adults (Aged 18-64) : 1,116,380 (62%)            Older People: (Aged 65+): 263,720 (14%)</p> <p><b>SBNI Staff</b>            Male = 50%      Female = 50%</p> <p><b>Child Deaths</b>            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 if dominated by perinatal conditions (627 deaths) or congenital abnormalities (385) with 'undefined causes' as the third most common code used.</p> <p>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.</p> <p><b>Children In Need (HSSPS figures October 12)</b>            During 2011/12, there were 35,516 referrals to children's social services, relating to 28,496 children of which 28,095 had been assessed by 31 March 2012. Of those assessed 14,552 were boys and 13,543 were girls.</p> <p><b>Child Protection (HSCB Statistics)</b>            As at 31 March 2012, there were 2,127 children on the Child Protection Register. This represented a decrease of 11% (274)</p>

from 2011 (2,401) but an increase of 18% (322) since 2007. Of these numbers 50% were boys and 50% were girls.

### **Looked After Children (HSCB Statistics)**

As at 31 March 2012, there were 2,644 children in care. 74% of these were in Foster Care, 11.2% were placed with family and 8.7% were in Residential Care. In Northern Ireland as a whole there were more males Looked After than Females, this disparity was most pronounced in the Belfast Trust where 56% of the Looked After Children's population were male and 44% female. The Western Trust was the only Trust area with a higher proportion of females in care than males.

More males than females were in care for less than three months at 31 March 2012. This was also the case when looking at Children Looked After for five years or longer.

A larger proportion of females than males had been Looked After for between three months and five years at 31 March 2012.

### **SBNI Priorities**

#### **Child Sexual Exploitation (CSE)**

#### **Office of the Children's Commissioner**

The Office of the Children's Commissioner in England interim report on CSE in gangs and groups Nov 2012 highlighted the following:

Based on evidence submitted to the CSEGG Inquiry, at least 16,500 children were identified as being at risk of child sexual exploitation during one year and 2,409 children were confirmed as victims of sexual exploitation in gangs and groups during the 14-month period from August 2010 to October 2011. 16,500 children from across England were identified as being at high risk of child sexual exploitation during the period April 2010-March 2011. This figure is based on children who displayed three or more signs of behaviour indicating they were at risk. Of the 2,409 victims the vast majority were girls. There is no doubt that girls and young women are at much greater risk than boys and young men and are targeted due to the way some men and boys perceive women and girls. Serious questions must be asked about prevailing attitudes towards women and girls in some parts of society.

In relation to the perpetrators the number of perpetrators identified in the call for evidence, 72% were male, 10% were female and in 18% of cases the gender was undisclosed. Only 0.01% of the perpetrators disclosed in the site visits were female and the rest were male. Gender is the single most significant identifying feature of perpetrators. The vast majority of groups and gangs involved male-only perpetrators and, where women or girls are involved, they are a small minority. In only one case was a female-only group of perpetrators reported to the research team, this involved girls under the age of 18.

### **Child Exploitation Online Protection Research Centre**

(CEOP)Thematic Review (2011) highlighted that of an analysis of 1,217 possible offenders in relation to street grooming and CSE the results show that the vast majority are men, with 87% males, 4% females, and 9% unknown.

2,083 victims of CSE were reported to CEOP. The vast majority of victims in the dataset were female, although, in 31% of cases, the gender of the victim was unknown. Although the majority of victims in the dataset are female, difficulties in recognising sexual exploitation among boys and young men are likely to have led to an underrepresentation of male victims.

### **Child Sexual Exploitation (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 1102 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 2011:

- 65% of the victims were girls.

	<ul style="list-style-type: none"> <li>• 26% were boys.</li> <li>• 8% contain both genders. A small number of the victims were unidentifiable as male or female.</li> </ul>
Age	<p><b>General Population Data</b></p> <p>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.%)</p> <p>Total children (0 – 17) = 430,763 (24% of the population)</p> <p><b>Child Deaths</b> 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.</p> <p>In 2011 the breakdown by age was as follows:</p> <p>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><b>Children in Need (HSSPS figures October 12)</b> At 31 March 2012, 28,095 children had been referred to Social Services. The largest proportion of children referred were aged 5 – 11 years old, while the smallest proportion was aged 16 and over.</p> <p>0-4 age group - 8,586 (31%), Males (4,315), Females (4,271) 5 – 11 age group 9,611 (34%), Males (5,111), Females (4,500) 12 – 15 age group 6,697 (24%), Males (3,409), Females (3,288) 16+ age group 3,201 (11%), Males (1,717), Females (1,484)</p> <p>Between 2007 and 2012 the largest category of children referred</p>

has been aged 5 – 11 years old. The proportion of children referred in this age group has remained relatively constant accounting for just over a third of all children referred.

### **Child Protection**

Of the 2,127 children on the Child Protection Register 36% (758) were aged 5 – 11 year, 29% (618) were aged 1 – 4 years, 20% (433) were aged 12 – 15 years, 10% (208) were aged under 1 and 5% (110) were aged 16 or over.

Just under half (46%) of all children on the Child Protection Register in the Belfast Trust at 31 March 2012 were aged 0 - 4 years, while a third (33%) of children on the Register in the Southern Trust were in the same age group. The Belfast Trust had the lowest proportion of children on the Register aged 12 and over (20%), while the Southern and South Eastern HSC Trusts had over a quarter (28%) of children on the Register in the same period.

103 children who had been on the Child Protection Register for three years or longer. Of these 39% (40) were aged 12 – 15, 37% (38) were aged 5 – 11, 18% (19) were aged 1 – 4 and 6% (6) were aged 16 or over.

Over two fifths (46% - 51) of children aged 16 and Over had been on the Child Protection Register for one year or longer, compared to 35% (268) children aged 5 -11.

### **Looked After Children**

The largest proportion of Looked After Children were aged 5 – 11 years at 31%, 28% were aged 12 – 15, 19% 1 – 4 years, 18% were aged 16 and over and 3% were under 1 year old.

One quarter of all children had been in care for less than one year, with 30% of them aged 5 – 11 years at 31 March 2012. 53% (259) of children aged 1 – 4 years had been in care for between one and three years at 31 March 2012, compared to 22% (106) of Looked After Children aged 16 and Over. 10% of Looked After Children had been in care for ten years or longer at 31 March 2012, this figure rises to 26% when only looking at those Looked After Children aged 16 and Over.

## **CSE**

### **Office of the Children's Commissioner**

The Office of the Children's Commissioner in England interim report on CSE in gangs and groups Nov 2012 identified sexually-exploited children and young people ranging in age from 4 to 19 with a peak age of 15.

The evidence submitted identified perpetrators who ranged in age from 12 to 75. Children and young people who were interviewed identified perpetrators aged between 15 and over 70.

**Child Exploitation Online Protection Centre (CEOP)** Research Thematic Review (2011) highlighted that of an analysis of 1,217 possible offenders in relation to street grooming and CSE are disproportionately skewed towards young adults within the 18-24 age range, with almost half of the offenders being under 25 where their age is known.

### **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 1102 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 on line

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 Face book account

During 2011 the Internet Watch Foundation Hotline processed a total of 41,877 reports and 13,164 (31%) of these were assessed as containing criminal content.

Of all reports, 40,949 concerned content on webpages, 835 concerned newsgroups and 93 concerned reports of other types of off remit content.

90% of all reports made to the Hotline were believed to contain child sexual abuse material and 35% were confirmed as such by the Internet Watch Foundation analysts - slightly up on 2010 at 89% and 34% respectively.

The majority of the Internet Watch Foundation's work concerns the assessment and removal of child sexual abuse images and videos. In 2011:

- 74% of the child victims appeared to be 10 years old and under.
- 64% of all the child sexual abuse URLs depicted sexual activity between adults and children including the rape and

	<p>sexual torture of the children.</p> <p>A total of 12,966 URLs contained child sexual abuse hosted on 1,595 domains worldwide. This figure does not include newsgroup content.</p>
Religion	<p><b>NI Population Statistics</b></p> <p>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.</p> <p><b>SBNI Staff</b></p> <p>Given there are only 6 members of staff, we cannot outline the age break-down for the purposes of data protection.</p> <p><b>Children In Need (HSSPS figures October 12)</b></p> <p>Almost two thirds (64%) of Episodes refused to declare their religious affiliation. Of those that did reveal their religion almost one fifth (19%) were Roman Catholic, 15% were other Christian and non – Christian denominations and faiths and 3% had no religious beliefs.</p> <p>The largest proportion of Episodes that Refused to state their religious affiliation were located in the Belfast Trust (27%), with the Western Trust accounting for only 8% of Episodes in this category.</p> <p><b>Child Protection</b></p> <p>39.7% of children on the child protection register were from a Catholic background. 22.6% of children on the child protection register were from a Protestant background. 13.7% were from another denomination, whilst 23.9% the religious denomination was unknown or none was given.</p> <p><b>Looked After Children</b></p> <p>48% of children who were looked after were Catholic. This was followed by looked after children who were Protestant. The religion of 3% of the children was unknown. The Northern Trust had the highest proportion of children who were Protestant; whilst the Western Trust had the highest proportion of Looked After Children</p>



	<p>who were Catholic.</p> <p><b>CSE</b> We were unable to obtain any figures in relation to religious breakdown</p>
Political Opinion	<p><b>Electoral Office Northern Ireland</b></p> <p>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.</p>
Marital Status	<p><b>NI Population Statistics</b></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>
Dependent Status	<p><b>NI Population Statistics</b></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:  With no children = 10.28%  With dependent children = 19.72%  Children non-dependent = 8.31%</p> <p>Co-habiting couple:  With no children = 2.92%  With dependent children = 2.3%  All children non-dependent = 0.26%</p> <p>Lone Parent:  With dependent children = 9.13%  All children non-dependent = 5.12%  Other household types:  With dependent children = 2.7%</p>

In summary, in 2011, one-third (34%) of households contained dependent children, down from 36% in 2001.

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).

### **Children in Need (HSSPS figures October 12)**

During year ending 31 March 2012 the vast majority of Episodes (Category of Need) After Initial Assessment to Social Services was for a 'Child whose carers require support and assistance to provide a reasonable standard of care. The Belfast Trust contained the largest proportion of Episodes categorised as 'A Child whose carers require support and assistance in order that they might provide a reasonable standard of care.'

### **Looked After Children**

At September 2012 there were 2717 children 'Looked After' (under 18) which is an increase from 2628 at June 2012 (Child Protection Quarterly Statistical Report Sept 12, Health and Social Care Board). Most looked after children (74%) were placed with foster carers. This was followed by those placed at home with parents (11.2%) and those children placed in residential care (8.7%). SEHSCT had the lowest percentage in Fostering while SHSCT had the highest.

### **CSE**

#### **Office of the Children's Commissioner**

The Office of the Children's Commissioner in England interim report on CSE in gangs and groups Nov 2012 identified the following:

58% of call for evidence submissions stated that children had gone missing from home or from care as a result of child sexual exploitation. During all 14 site visits children who were being sexually exploited were also repeatedly going missing, in some cases three or more times within a two-week period. Professionals interviewed during site visits and evidence hearings repeatedly raised concerns about children who were not being reported missing from home. Of the sexually exploited children who were interviewed, 70% had gone missing from home.

	<p><b>CSE – Northern Ireland</b></p> <p>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 1102 young people in the sample, slightly higher rates of concern were reported among looked-after young people (13.7%) than their non-LAC peers (11.2%), the difference was not statistically significant. This is probably due in part to the composition of the sample, which included a very high proportion of looked-after children. It is also probably due in part to the recognised high-risk nature of the children included in the non-LAC sample (placed on the child protection register within the last year and/or in receipt of services from an intensive support team).</p> <p>Statistically significant differences were however observable between looked-after children in different placement types. Over half (56.1%) of all the LAC cases for whom sexual exploitation was identified as an issue of concern came from residential care. This equates to a rate of 40.5% within the residential cohort, compared to 10.7% in at-home placements and less than 5% for non-familial or kinship foster care.</p>
Disability	<p><b>NI Population Statistics</b></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><b>Children In Need (HSSPS figures October 12)</b></p> <p>Of the 28,095 children referred to Social Services, 862 had a disability. Almost two thirds were male (556) compared to 306 females. The largest proportions of children referred with a disability were learning disabled across all the Trusts. The Belfast Trust had a significant proportion of children with a physical disability, while a quarter of children in the Southern Trust were referred with a hearing disability.</p> <p><b>Child Protection</b></p> <p>1.47% (30) of children on the Child Protection Register had a disability. Of these 70% had a learning disability.</p>

	<p><b>Looked After Children</b></p> <p>157 Looked After Children had a disability at 31st March 2012. This represents 5.9% of all Looked After Children. The majority of those children who were disabled had a Learning Disability (82%).</p> <p>A total of 932 disabled children were provided with 8049 overnight stays for respite purposes. As at 31 March 2012, 36 young people waiting for assessment or treatment with Child and Adolescent Mental Health Services.</p> <p>293 Looked After children had a Statement of Special Educational Need at 31st March 2012. Most children (59%) were in secondary school. Belfast Trust had the highest number of children with a Statement</p>
<p>Ethnicity</p>	<p><b>NI Population Statistics</b></p> <p>On Census Day 2011, 1.8% (34,000) of the usually resident population of NI belonged to minority ethnic groups, more than double the proportion in 2001 (0.8%). The main minority ethnic groups were the Chinese (6,300 people), Indian (6,200), Mixed (6,000) and Other Asian (5,000), each accounting for around 0.3% of the usually resident population. A further 0.1% (1,300) of people were Irish Travellers. Belfast (3.6%), Castlereagh (2.9%) has the highest proportions of residents from minority ethnic groups.</p> <p>In 2011, two-fifths (40%) of people had a British Only national identity, a quarter (25%) had Irish Only and just over a fifth (21%) had Northern Irish Only. Of the various combined nationalities, British and Northern Irish Only was the most prevalent (6.2%), while 5% of respondents included national identities other than British, Irish or Northern Irish.</p> <p>The proportion of the usual resident population born outside Northern Ireland rose from 9% (151,000) in April 2001 to 11% (202,000) in March 2011. This change was largely as a result of inward migration by people born in the 12 countries who have joined the EU since 2004. These EU accession countries accounted for 2% (35,700) of people usually resident in Northern Ireland on Census Day 2011, while their share of the 2001 Census population was 0.1%. The remainder of the population born outside Northern Ireland consisted of 4.6% in GB, 2.1% in the Republic of Ireland, 0.5% born in countries which were EU</p>

members before 2004 and 2% born elsewhere.

In 2011, the local government district with the highest proportions of people born in EU accession countries were Dungannon (6.8%), Craigavon (4.2%), Newry & Mourne (3.5%), Armagh (3.2%) and Ballymena (3.1%). At 2.6%, Dungannon also had one of the highest prevalence rates for people born outside the EU, along with Belfast (3.7%), Castlereagh (2.8%) and North Down (2.6%). North Down has the highest rate of people born elsewhere in the UK (8.5%), while Fermanagh had the highest rate for those born in the Republic of Ireland (6.7%)

On Census Day 2011, almost 59% of people usually resident in Northern Ireland held a UK passport, just over 21% held an Irish passport, while 19% held no passport. Amongst the prevalence rates for passports held of countries in other regions were: Other EU countries (2.2%), Middle East and Asia (0.5%) and North America and the Caribbean (0.3%). Taking into consideration combined responses, 1.7% of people held both UK and Irish passports but no other passports.

English was not the main language for 3.1% of NI residents aged 3 years and over. The most prevalent main language other than English was Polish (17,700; 1%). The rates for other languages included, Lithuanian (6,300; 0.4%), Irish (4,200; 0.2%) and Portuguese (2,300), Slovak (2,300), Chinese (2,200), Tagalog / Filipino (1,900), Latvian (1,300), Russian (1,200), Malayalam (1,200) or Hungarian (1,000) – all 0.1%

On Census Day 2011, almost a quarter (24%) of NI residents aged 3 years and over whose main language was not English lived in Belfast LGD. Relative to its population Dungannon (9.3%) had the highest prevalence of main languages other than English, followed by Craigavon (6.1%) and Belfast (4.8%).

In 2011, one in fifty households (2.1%) in NI contained no people whose main language was English, with Dungannon LGD having the highest rate (7.1%), followed by Craigavon (4.5%), Belfast (3%) and Newry & Mourne (3%)

#### **Children In Need (HSSPS figures October 12)**

48% of Episodes (Presenting Category) by Ethnic Group were

	<p>White, with a further 49% refusing to confirm their Ethnic origin. 3% of Episodes were from ethnic minorities.</p> <p>Of the 14,209 Episodes that were white 29% were in the Northern Trust, 23% were in the Southern Trust, 22% in the Western Trust, 15% in the South Eastern Trust and 12% in the Belfast Trust.</p> <p>859 Episodes were Ethnic Minorities almost half (47%) of these were in the Southern Trust, the Belfast and Northern Trusts accounted for 17% each and the South Eastern and Western Trusts each had 10%.</p> <p>Almost a third of Episodes that refused to state their ethnicity were located in the Belfast Trust compared to just 9% in the Western Trust.</p> <p><b>Child Protection</b></p> <p>84.5% of children on the Child Protection Register were white. 14.8% of children on the Child Protection Register were either from another ethnic background or it was unknown. 0.6% of children on the Child Protection Register were Irish Travellers.</p> <p><b>Looked After Children</b></p> <p>Almost 95% of the Looked After population were white.</p> <p>Less than 1% of the Looked after population were from a 'black' ethnic background.</p>
Sexual Orientation	It is estimated that one in ten people in NI are from Lesbian Gay Bisexual Transgender groups.

## 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.**

See below

Category	Needs and Experiences
Gender	<p>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 <i>et al.</i>, 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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Out of the 1102 young people in the sample Sexual Exploitation was identified as an issue of concern for almost two thirds of young females in residential care.</li> </ul> <p>The Young Life and Times Survey 2010 distributed a series of questions to all young people in Northern Ireland who turned 16 in February or March 2010. Out of the 21% of young people who responded:</p> <ul style="list-style-type: none"> <li>• 1 in 15 young people had been given drugs / alcohol and had been taken advantage of sexually while under the influence; with almost twice as many females as males reporting experience of this.</li> </ul> <p>CSE had a particular effect on girls (Office of the Children's Commissioner).</p> <p>Children and young people who were being sexually exploited were frequently described by professionals in many localities as being "promiscuous", "liking the glamour", engaging in "risky behaviour" and being generally badly behaved. Some of the most common phrases used to describe the young person's behaviour were: "prostituting herself", "sexually available" and "asking for it".</p> <p>The Inquiry panel believes this labelling reflects a worrying perspective held by some professionals, namely that children are complicit in, and responsible for, their own abuse.</p>

	<p>Given the violent and traumatic nature of CSE in gangs and groups it is not surprising that the Inquiry was provided with substantial evidence of its devastating impact. Areas of particular concern included: children going missing as a result of sexual exploitation; the health of victims (particularly drug and alcohol problems, self-harming and mental health; children and young people offending either as part of the process of being exploited or as a consequence of it.</p> <p>Statistics would demonstrate that year on year consistently suicide is more common among young males than females. Risk factors include depression, alcohol and drug misuse, personality disorder, hopelessness, low self-esteem, bereavement, break-up of a relationship and social isolation. 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 CMR was convened due to the death of a child through suicide. Of these 4 were male and 3 were female.</p> <p>In 2012 NSPCC qualitative research into ‘Sexting’ girls were most adversely affected. Sexting is not a gender-neutral practice; it is shaped by the gender dynamics of the peer group in which, primarily, boys harass girls, and it is exacerbated by the gendered norms of popular culture, family and school that fail to recognise the problem or to support girls. The research found considerable evidence of an age-old double standard, by which sexually active boys are to be admired and ‘rated’, while sexually active girls are denigrated and despised as ‘sluts’. This creates gender specific risks where girls are unable to openly speak about sexual activities and practices, while boys are at risk of peer exclusion if they do not brag about sexual experiences. It is important that safety initiatives provide gender sensitive support for girls without treating sexting as a girl-only or girl-initiated problem; the role, responsibility and experiences of boys in relation to sexting also deserve more research and practical attention.</p>
Age	<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 twenty four CMRs, detailing the grounds for undertaking each review. Results demonstrate that children under 1yr were most likely to be reviewed due to their death than at any other age,</p>



whereas young people aged 11yrs 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.

The cases resulting in a case management review in Northern Ireland generally involved large families (defined as three children or more). In making the comparison with England it should be noted that in Northern Ireland 21 per cent of families with dependent children had three or more children, compared with 16 per cent for the UK as a whole (National Statistics, 2007). The average number of dependent children in families in the UK is 1.8, whereas in Northern Ireland the figure is 2.2 (NISRA, 2011). Alongside the number of children in the family, the ordinal position of the index child was examined. Where the birth order was discernible, in 63 per cent of cases the index child was either the only child, or youngest (including the one instance of a multiple birth). Taken with the age profile of the children at the index event, this reinforces the key message that age is a significant vulnerability factor.

In relation to age of parents, there is a widely held view that children born to teenage and young parents are more likely to have a range of poorer outcomes when compared to children of older mothers (Bunting and McAuley, 2004). The reasons, it is argued, are two-fold. Firstly, women who give birth whilst young are more likely to have pre-existing problems that both hinder their ability to parent as well as impacting directly on the children. For example, there are a higher proportion of young mothers from socially deprived and lone parent households (Lopez Turley, 2003). Secondly, as a result of giving birth at a young age, these mothers are less likely to have completed their education, to have married or to have secured a well-paid job, these factors in turn increasing the overall number of children she is likely to have.

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 33yrs (n=17; range 16yrs – 60yrs), 34yrs for fathers (n=9; range 16yrs – 60yrs) and 36yrs for step fathers/mother's co-habitee (n=4; range 23yrs- 44yrs).

This is a similar pattern to the recent audit of significant case reviews in Scotland, whereby the majority of parents for whom an age was recorded were aged over 30yrs (Vincent and Petch, 2012). However, in the Northern Ireland cases eight of the mothers and seven of the fathers had been parents in adolescence of either the index or another child, and this issue warrants further investigation.

The Young Life and Times Survey 2010 distributed a series of questions to all young people in Northern Ireland who turned 16 in February or March 2010. Out of the 21% of young people who responded:

- 1 in 9 had experienced grooming by an adult;

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).

In 2011 there was a total of 325 children and young people from Northern Ireland admitted to hospital with an alcohol related diagnoses. All areas have seen a drop at 2011 with Belfast continuing to be higher than the NI average.

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.

There was a high proportion of children who are In Need, on the Child Protection Register or Looked After who have been victims of Domestic Violence (DV). DV affects people of every class,

age, race, disability and sexuality (NSPCC, 2009). Domestic violence is not restricted to physical violence but sometimes it is more subtle and also involves psychological, verbal, sexual, financial and emotional abuse. Children are very much the silent victims of domestic violence. They may witness it or be subject to it but often their voices are not heard

Although most incidents of DV are reported by an adult, it is important to note that violence in the family cannot be kept hidden from the children. Children will often witness the violence, be aware of the tense atmosphere, suffer as a victim themselves or suffer in the aftermath of the violence (Women's Aid, 2009).

Exposure to DV can have very damaging long-term effects on a child's mental health, sense of identity and ability to form relationships. Research highlights that the effects of DV are amplified for pre-schoolers, who are completely dependent on parents for all aspects of their care and may therefore witness greater amounts of violence than older children.

In all developed countries (except the USA), suicide is the second highest leading cause of death among young people (Maughan, B et al, 2004) .There is little evidence as to why people take their own lives. Risk factors for suicide include depression, personality disorder, hopelessness, low self-esteem, bereavement, break-up of a relationship, social isolation, alcohol and drug misuse (DHSSPS, 2006). Due to concerns about the increase in the number of suicides, among young people, this was included in the DHSSPS Priorities for Action, that by March 2011 there should be a reduction by 15% in the number of suicides in NI (DHSSPS, 2008).

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. The graph shows that over the last 6 years the highest number of suicides in the under 18 year old age group were registered in 2008.

Evidence from Case Management Reviews (Translating Learning

	<p>into Action: An overview arising from CMRs in Northern Ireland 03 – 08 Devaney et al) that in 33% of cases in Northern Ireland a 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 1yr were most likely to be reviewed due to their death than at any other age, whereas young people aged 11yrs and over were more likely to have a review undertaken due to their death by suicide/self-harm.</p> <p>Research published by NSPCC 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. There were differences in practice across the five ELB areas in relation to teaching children how to keep safe on the internet: for example, this was taught in over 80 per cent of schools in the BELB area compared with fewer than 60 per cent of schools in the Western Education and Library Board (WELB) area. However, almost all schools in the WELB area reported teaching messages about internet safety at Key Stage 2.</p> <p>In 2012 NSPCC qualitative research into ‘Sexting’ found that ever younger children affected. It is striking that although the year 10 teenagers interviewed were more sexually aware and experienced, with many stories to tell regarding their own/their peers’ sexual and sexting activities, they also appeared more mature in their resilience and ability to cope. The year 8 children were more worried, confused and, in some cases, upset by the sexual and sexting pressures they face, and their very youth meant that parents, teachers and others did not support them sufficiently. It is unknown whether sexting affects still younger children but the authors recommend that research and policy initiatives are developed to look at primary children and transitions into secondary school.</p>
Religion	The Child Protection Figures highlight that more children from a Catholic background were on the Child Protection Register compared to children from a Protestant background. SBNi could find no explanation for this and it would be worth exploring further.
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.
Marital Status	<p>The Office of the Children's Commissioner in England interim report on CSE in gangs and groups Nov 2012 highlighted the following risk factors of CSE:</p> <ul style="list-style-type: none"> <li>• Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality).</li> <li>• History of abuse (including familial child sexual abuse, risk of forced marriage, risk of honour based violence, physical and emotional abuse and neglect).</li> </ul> <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>
Dependent Status	<p>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:</p> <ul style="list-style-type: none"> <li>• Out of the 1102 young people in the sample Sexual Exploitation was identified as an issue of concern for almost two thirds of young females in residential care.</li> </ul> <p>The Office of the Children's Commissioner in England interim report on CSE in gangs and groups Nov 2012 highlighted the following risk factors of CSE:</p> <ul style="list-style-type: none"> <li>• Recent bereavement or loss.</li> <li>• Young Carers</li> <li>• Homelessness.</li> <li>• Living in residential care.</li> <li>• Living in hostel, bed and breakfast accommodation or a</li> </ul>

## foyer

Looked After Children (LAC) are one of the most vulnerable and disadvantaged groups in society. In comparison to non Looked After Children their outcomes are poorer, including poorer educational attainment and much higher rates of unemployment. LAC are also more likely to have a statement of Special Education Needs and to experience school suspensions and/or expulsions. Girls are more likely than their peers to have a teenage pregnancy; boys are more likely to receive a caution or a conviction than their peers.

Physical health- young carers accessing universal services such as dental care and nutritious meals. Young carers report concerns about often being responsible for preparing meals

Many young carers report that their caring role can adversely affect their emotional wellbeing as they are constrained from leading a 'normal' lifestyle (Becker and Becker 2008). This leads to stress, isolation, bullying, 'no-one to talk to' which are key concerns.

When trying to access CAMHS services, some young carers can be referred directly; however, others have to be referred through a GP. Often there is no one to take them to a GP except a young carer worker. Access to CAMHS is beneficial not only for the mental health and emotional wellbeing of the young carer but also in understanding the mental health of their parents, which would be better explained by CAMHS.

Young carers often experience barriers to learning. The impact of these barriers includes low attainment, social isolation, school absence and behavioural issues. This can consequently affect future wellbeing, life chances and fulfilling potential (The Princess Royal Trust for Carers 2011)

There is no consistent carer if a parent is hospitalised and young carers may have to go into care

There is a need to provide support for young carers where there is a child with behavioural difficulties in the family. Young carers report being physically assaulted by them.

	<p>Absence of services for parents of children with social and emotional behavioural difficulties</p> <p>Child protection plan/case plans/ advice to gateway/ Family Intervention Services (FIS)</p> <p>Voices of children/young people affected by substance misusing parents/carers gathered from Young Carers</p> <p>Evidence from Case Management Reviews (Translating Learning into Action: An overview arising from CMRs in Northern Ireland 03 – 08 Devaney et al) demonstrated that the majority of the children in the reviews lived with their immediate birth family (75%) with mothers typically caring for 71% of the children.</p>
Disability	<p>Disabled children are particularly vulnerable to all forms of abuse. Contributory factors include physical vulnerability, communication difficulties, denial and lack of respect for their human rights.</p> <p>Research would suggest that disabled children are more likely to be abused than non-disabled children and are three times more vulnerable to sexual abuse (Children with Disabilities Strategic Alliance 2012). The presence of multiple disabilities appears to increase the risk of both abuse and neglect due to:</p> <ul style="list-style-type: none"> <li>• Intimate care being provided by a number of different people;</li> <li>• An increased reliance on residential settings for respite and difficulties in disclosing abuse when it's occurring.</li> </ul> <p>During 2010/11 there were 34,447 referrals to children's social services, relating to 26,725 children. There were 801 children referred with a disability.</p> <p>Given that disability is a key priority for the Health and Social Care Board, SBNI will seek to influence the existence of effective safeguarding outcomes for those children with a disability</p> <p>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 were concerns in eleven of the reviews. As a</p>

	<p>consequence many of the children were in receipt of services before the incident leading to the CMR.</p> <p>In Northern Ireland approximately 20% of the adult population have a disability. It is recognised that most parents with disabilities do not present a risk to their children, and provide their children with a loving and secure childhood. However, having a disability can in some instances have implications for parenting capacity in three distinct ways:</p> <ul style="list-style-type: none"> <li>• parental illness can adversely affect the development and in some cases the safety of children;</li> <li>• growing up with a parent suffering from a serious illness or disability can have a negative influence on the quality of that person's adjustment in adulthood, including their own transition to parenthood; and</li> <li>• Children, particularly those with emotional, behavioural or chronic physical difficulties, can precipitate or exacerbate the illness or effects of the disability of their parents. This is particularly so when parents are dealing with a number of adversities of their own. A high proportion of the adults with caring responsibilities towards children had issues relating to alcohol and drug misuse (a finding also in Scotland and England), whilst a small but significant number had criminal convictions for offences ranging from unpaid bills to serious sexual assaults on children. However, most of the case management reports provided very little background information on parents own childhoods, such as whether they had been known to child welfare services or been looked after in public care as children. This has been found to be a common weakness of review processes in both Scotland and England.</li> </ul> <p>The Office of the Children's Commissioner in England interim report on CSE in gangs and groups Nov 2012 highlighted that learning disability was a risk factor for CSE.</p>
Ethnicity	<p>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 in this group of all of the children were white, and had been born in Northern Ireland</p> <p>Traveller support workers have identified gaps in relation to children aged 2 to 4 in respect of identifying particular needs,</p>



such as speech and language, behavioural disorders, immunisation uptake and developmental delay. This impacts in relation to support for children being ready for school (Southern Area Outcome Monitoring Report 10/11)

Domestic Violence happens in all societies however, it would appear that it is more acceptable and prevalent within the Traveller community. Traveller Support Workers in the Southern Trust are aware of incidents of domestic violence not only through the victims of the abuse but also from other health agencies –including staff at A&E who follow up on some incidents. Domestic violence is linked to Drug and Alcohol abuse and impacts on Mental Health (Southern Area Outcome Monitoring Report 10/11)

BME children, young people and parents have identified mental health as a significant problem. This is associated with social isolation, language and culture as a barrier, and the difficulty in accessing appropriate services, all of which impacts on self-esteem. Conversely children and young people have identified that participation in social activities makes them feel good. BME families often experience difficulty accessing interpreting and advocacy services and sometimes rely on the children and young people to interpret.

Further, BME communities experience high suicide levels, particularly in Polish, Lithuanian, Portuguese and Traveller communities. Adult male suicides in Traveller communities are reported to be six times higher than the general population and this has an adverse effect on children and young people.

Children and young people also identified lack of exercise, healthy eating and drugs and alcohol as issues for them. Ad hoc evidence from the community suggests that still births among BME families is an issue with initial figures suggesting that rates of still birth are double that of the indigenous population

BME parents have outlined the difficulties they have faced in accessing GP's and dentists due to delays in interpreting services, long waiting times and expenses associated with dentist appointments in particular. They also felt that services could be more culturally aware, understanding the impact of the

language barrier, for example.

Children and young people from BME communities have reported a range of incidents that threatened their safety, including racism. Children and young people need to feel safe and secure. This means living free from fear of prejudice, racial bullying and harassment. Furthermore, the extent of racial harassment varies depending on where the child or young person lives. The issue is exacerbated by underreporting by children and young people who perceive it as normal, are unsure how to report it, or feel that reporting it would increase their vulnerability. BME parents report that this issue is particularly pertinent in schools; however BME children and young people also face intimidation outside of school.

Children and young people should feel safe and be free from the negative impact of domestic violence and hidden harm. This is particularly an issue for the Traveller community. Those families with no access to public funds have no access to refuges/hostels which leaves the victim of domestic violence and their children vulnerable.

The United Nations Convention on the Rights of the Child has identified BME and Looked After Children as being particularly vulnerable. Children and young people need to feel secure in an environment that is culturally familiar to them. Article 30 of the UNCRC states: *“In those states in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practice his or her own religion, or to use his or her own language”*. When considering foster care placements, there should be more consideration given to BME children and young people being placed with families that are familiar to them, if they are placed at all.

Parents raised the issue of housing for some BME children and young people including cramped, poor conditions, sometimes in unsafe areas. It has been reported that some BME families are indirectly limited in their choice of housing, often allocated housing in certain areas or excluded from others based on existing populations in that area.

Some BME children and young people experience differential treatment in accessing employment. This is particularly true given high levels of youth unemployment.

BME parents have reported the barriers they experience in accessing employment, particularly because of language. BME families are more likely to be affected by poverty which in turn impacts on children and young people.

In 2012 NSPCC qualitative research into 'Sexting' found sexting practices are culturally specific. New technologies enable public displays of identity, which bring with them pleasures but also pressures to perform particular idealised forms of femininities and masculinities which are culturally, class and 'race' specific. Young people are also, however, managing globalised consumer oriented cultures of consumption, which present challenges and pressures to have the 'right' types of embodiment, commodities, and status symbols. Sexting for girls can involve being subject to oppressive, racialised beauty norms and hierarchies around feminine appearance and body ideals. Boys must negotiate competitive masculinity, where status can be generated in new ways via technology (such as soliciting, collecting and distributing peer-produced sexualised images of girls' bodies, which operate as a form of commodity or currency). It follows resources need to link sexting practices to an analysis of wider sexist gender relations and commercial culture, but also address the locally specific peer based forms that sexting takes.

## **CSE**

### **Office of the Children's Commissioner**

The Office of the Children's Commissioner in England interim report on CSE in gangs and groups Nov 2012 identified victims as coming from a range of ethnic backgrounds. There was a higher rate of victimisation amongst black and minority ethnic (BME) children and young people than has been previously identified. The figures showed that 28% of victims reported to the Inquiry were from black and ethnic minority backgrounds. This information is significant, given that the general perception appears to be that sexual exploitation by groups, in particular, is primarily a crime against white children.

	<p>As with the victim data, individuals classified as 'White' form the largest group of perpetrators in both gangs and groups. BME individuals, particularly those loosely recorded or reported as 'Asian', are the second largest category of perpetrators reported via the call for evidence. However, White British males were the only perpetrators identified in all site visits, and perpetrators from various ethnic groups in addition to White British and Asian were found in both the site visits and call for evidence. Evidence gathered from victims also covered a much broader range of perpetrators of CSE in both gangs and groups, although in many cases far less reliable data could be produced on individual perpetrators.</p> <p><b>Child Exploitation Online Protection Research Thematic Review</b> (2011) highlighted that of an analysis of 1,217 possible offenders in relation to street grooming and CSE the ethnicity of 38% of the offenders was unknown, 30% were white, 28% Asian, 3% Black and 0.16% Chinese.</p>
Sexual Orientation	<p>The Office of the Children's Commissioner in England interim report on CSE in gangs and groups Nov 2012 highlighted that children and young people were unsure about their sexual orientation or unable to disclose sexual orientation to their families were was a risk factor for CSE.</p>

## 2.4 Multiple Identities

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

It is recognised that people are complex and the ways in which we define ourselves are complex. Our physical characteristics, histories, influences, behaviours, cultures and subcultures are all exceptionally intricate narratives that we use to identify ourselves. We are all constantly defining and redefining different aspects of ourselves.

The SBNI Strategic Plan acknowledges the cross cutting needs of the equality groupings. It recognises the need to take into account geographical differences and issues facing people who live in areas of high deprivations. This is important because, for example, children who are In Need, on the Child Protection Register and Looked After Children and their parents are over represented in the

areas of greatest deprivation.

The 20% of most deprived areas in Northern Ireland represent nearly 340,000 people. The Western area has seen a significant rise in children living in relative low income poverty in 2007/10 and is now above the Northern Ireland average. Belfast and the Northern area has seen a slight rise in 2007/10, with the South Eastern area staying static and the Southern area with a slight drop. The groups with the highest poverty risk are: Ethnic minorities and migrant workers; Travellers; young people, especially aged 16-18, lone parent families; families of ex-prisoners; people with low or no educational qualifications; long term unemployed; people living in disadvantaged communities; people living in border areas. (Northern Ireland Anti-Poverty Network). Many of these groups themselves and / or their children who experience poverty, especially persistently, are at higher risk of encountering difficulties for example, health problems, developmental delays and behaviour disorders and they are also more likely to fall into low income themselves in adulthood (Kornberger et al. 2001, Finnie and Bernard 2004)

The SBNI recognise that the earlier agencies intervene the better the outcomes for children. Child protection and safeguarding is no exception to this.

The Munro Report on Safeguarding and Child Protection in the UK (2011) contends that the arguments for Early Intervention are threefold;

- there is a 'moral' argument for minimizing adverse experiences for children and young people. Evidence demonstrates how deficiencies in early years' experience can have a significant impact on development in later life, and that we have more ability to prevent or resolve maltreatment at an early stage, than when serious abuse or neglect has occurred (MacMillan et al 2009). The State has duties under Article 19 of the UNCRC to prevent the abuse or neglect of children and young people, as well as to deal with its incidence. Responsibility for the primary prevention of violence (i.e. all forms of harm) against children and young people lies with Health, Education, Social Work, Police and other services

- there is a 'now or never' argument, based on the evidence of the enduring damage done to babies by unresponsive and neglectful adults. This draws on evidence of the importance of secure attachment, and on lessons from neuroscience (The Royal Society 2011)

The OFMDFM Strategy for Children and Young People in Northern Ireland (2006-2016) is also underpinned by a commitment to prevention and early intervention. The strategy states that this should not be construed solely as the need for intervention at a point which prevents a problem worsening or a situation developing further. The aim 'is to improve the quality of life, life chances

and living for all our children and young people, and reduce the likelihood of more serious problems developing in the future'. In effecting a shift to preventative or early intervention practice, it is important that we do not lose sight of, or take attention away from, those children and young people who are most in need..... we must ensure that universal and preventative approaches are supported by targeted and proportionate responses for children who need them most". The OFMDFM pledge in relation to early intervention is to 'promote a move to prevention and early intervention practice without taking attention away from our children and young people currently most in need of more targeted services'

## 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><b>In developing the policy or decision what did you do or change to address the equality issues you identified?</b></i>	<i><b>What do you intend to do in future to address the equality issues you identified?</b></i>
<p>The Strategic Plan development included ensuring that it fully reflected the SBNI role to co-ordinate and ensure the effectiveness of what is done by each person or body represented on the Board for the purpose of safeguarding and promoting the welfare of children and young people. This work will specifically address equality issues, where children and young people may be adversely affected. These are set out in the purpose, vision and values of the SBNI:</p> <p><b>Key Purpose</b> – As outlined above. To co-ordinate and ensure the effectiveness of what is done by each person or body represented on the Board for the purpose of safeguarding and promoting the welfare of children</p>	<p>As part of SBNI's Section 75 of the Northern Ireland Act 1998 equality duties, we are required to submit an equality scheme to the Equality Commission by 1<sup>st</sup> August 2013. As a result SBNI have engaged in a period of consultation in relation to the scheme, audit of inequalities, equality action plan and action plan in relation to disability.</p> <p>Feedback from Voluntary &amp; Statutory Organisations in relation to safeguarding priorities identified by children &amp; young people was at the core of the process that helped us set our corporate objectives and define specific groups of children who will be the priority for the SBNI over the next three years.</p>

<p>and young people.</p> <p><b>Our Vision</b> - To promote the provision of early intervention services which would prevent harm arising to children and young people and ensure that those most at risk are protected from death or repeated harm by having in place an effective protection service which also offers therapeutic intervention.</p> <p><b>Our Values - SBNI Values</b></p> <ul style="list-style-type: none"> <li>• Children and young people's wishes, feelings and experiences placed at the centre;</li> <li>• A relentless focus on the timeliness, quality and effectiveness of help given to children, young people and their families;</li> <li>• The availability of a range of help and services to match the variety of needs of children, young people and their families;</li> <li>• Recognising that risk and uncertainty are features of the system where risk can never be eliminated but it can be managed smarter;</li> <li>• Trusting professionals and giving them the scope to exercise their professional judgment in deciding how to help children, young people and their families;</li> <li>• The development of professional expertise to work effectively with children, young people and their families;</li> <li>• Continuous learning and improvement, by reflecting critically on practice to identify</li> </ul>	<p>The primary vehicle to ensure that the issues of the various Section 75 groupings amongst these are addressed will be the equality screening, and if necessary, equality impact assessment process for individual pieces of work flowing from our corporate objectives. The audit of inequalities has identified key equality issues to be taken into account by the board and committees in their work.</p> <p>Our second key vehicle for addressing some of the needs identified in the audit will be through using our influence with other key agencies. This relates to addressing particular safeguarding issues for children and young people with a disability, those from black and minority ethnic backgrounds, and those at risk of hidden harm (from domestic violence, parental mental health problems, parental alcohol and drugs problems).</p> <p>For the purpose of the Equality Action Plan, the SBNI thus proposes to focus on specific practical actions relating to the particular needs of Section 75 groupings in relation to communication and engagement.</p> <p>Over the next 5 years SBNI propose to carry out the following: Implement accessible information for all policies and procedures geared at safeguarding and protecting children and young people. To include:</p> <ul style="list-style-type: none"> <li>• Timely accurate and child friendly information (which is accessible to all children including those with sensory and learning disabilities), should be provided before, during and after all occasions to promote</li> </ul>
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<p>problems and opportunities for a more effective system</p> <p>With regards to equality, the SBNI recognise that there is a focus on children given the roles and responsibilities outlined in the SBNI (Northern Ireland) Act 2011. SBNI recognise that they cannot target all the issues affecting children in relation to both child protection and safeguarding and indeed it is not the organisation's strategic responsibility. The SBNI has a role to co-ordinate and ensure the effectiveness of its member agencies in terms of safeguarding and protecting children and young people. SBNI recognise that the needs, experiences and priorities of groups within each Section 75 category may vary substantially.</p> <p>The key priorities that are contained in the strategy set out the direction for SBNI over the next 3 years. These are closely aligned with the core functions of the SBNI, as defined by legislation. The different needs, experiences and priorities of the S 75 groups will be considered as individual policies and strategies are screened as they are taken forward. Within each of these screening exercises, the specific needs and experiences of groups within each of the Section 75 categories will be assessed as policies and procedures will be developed aimed at specific groups of children who will be adversely affected depend on their Section 75 category.</p>	<p>communication between children and young persons and SBNI. This should include information about what is being asked of them, who is involved in the process and how decisions should be made, including feedback of their involvement on SBNI decisions.</p> <ul style="list-style-type: none"> <li>• Alternative formats as required, for example, Key publications are translated into languages, the use of Plain English, Easy Read and pictures and diagrams where possible.</li> <li>• Standard font Arial, size 14 is used in publications where possible</li> <li>• Complete equality impact screening on all policies and procedures linked to the Strategic Plan</li> <li>• Review SBNI engagement with children and young people to date to identify whose voices are less likely to have been heard (including very young children, those with sensory and learning disabilities, those from black and minority ethnic backgrounds and young people who are lesbian, gay, bisexual or transgender).</li> <li>• Arrange face to face discussions with Section 75 groups of children and young people on child protection and safeguarding issues as identified within the SBNI Strategic Plan – particular focusing on those children adversely affected.</li> <li>• Target groups of children whose voices are easily ignored</li> </ul>
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<p>As already stated the SBNI also recognise that other safeguarding child protection priorities could have been identified for the purposes of the Strategic Plan. Many of these other issues are of considerable importance in relation to the safeguarding and protection of children. It is recognised that the SBNI cannot deliver on all of these objectives and therefore, choices had to be made. These choices were made on the basis of feedback from Voluntary Organisations on the views of children and young people, practitioners, member agencies, the SBNI's strategic responsibilities and taking account of what others are doing in this area and strive to avoid duplication or overlap. The SBNI will be keen to ensure that other bodies working on safeguarding and child protection issues take into account the specific needs and experiences of children within each of the Section 75 categories</p>	<p>(including very young children, those with sensory and learning disabilities, those from black and minority ethnic backgrounds and young people who are lesbian, gay, bisexual or transgender) to explore their views.</p> <ul style="list-style-type: none"> <li>• Use statistical data provided by HSCB to inform SBNI of those groups who are adversely affected in relation to safeguarding and child protection</li> <li>• Put in place a mechanism to ensure that the child's journey is at the heart of Case Management Reviews (including very young children, those with sensory and learning disabilities, those from black and minority ethnic backgrounds and young people who are lesbian, gay, bisexual or transgender).</li> <li>• SBNI will seek assurance from member agencies on how the objective of promoting communication with children and young people' has been met with particular reference to Section 75 groups of children and young people whose voices are easily ignored (including very young children, those with sensory and learning disabilities, those from black and minority ethnic backgrounds and young people who are lesbian, gay, bisexual or transgender).</li> <li>• Ensure that feedback is provided to children and young persons with who the SBNI has engaged, telling them the outcome of their involvement and the extent to which their views, ideas and</li> </ul>
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	<p>experience were or were not taken on board and why.</p> <ul style="list-style-type: none"> <li>Identify new methods of communication strategies aimed particularly at groups whose voices are easily ignored (including children – in particular those with sensory and learning disabilities, those from black and minority ethnic backgrounds and young people who are lesbian, gay, bisexual or transgender-, parents and carers).</li> </ul>
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## 2.6 Good Relations

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

<b>Group</b>	<b>Impact</b>	<b>Suggestions</b>
Religion		Focus on partnership working particularly with the Children and Young People's Partnership and public participation
Political Opinion		Focus on partnership working particularly with the Children and Young People's Partnership and public participation
Ethnicity		Focus on partnership working particularly with the Children and Young People's Partnership and public participation

### **(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	✓
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	✓

Please give reasons for your decisions.

The SBNI Strategic Plan sets out the role, direction and priorities for the next three years. The SBNI role is to co-ordinate and ensure the effectiveness of what is done by each person or body represented on the SBNI for the purpose of safeguarding and promoting the welfare of children and young people is the primary aim of the organisation and complements the Section 75 Agenda and will identify through the course of its work, those children and young people who are adversely as of their Section 75 categories.

The SBNI recognise that the needs, experiences and priorities of groups within each Section 75 category may vary substantially and will be identified through the detailed course of our work. SBNI also recognise that should the experiences and priorities of other groups of children that are not included in the strategic plan, cause rise for the SBNI to change its focus, then the Strategic Plan will be amended accordingly.

As each of the priorities are taken forward equality issues will be reviewed and addressed as appropriate. We recognise that many of the priority areas will impact on groups within each Section 75 category more than others and SBNI will carefully monitor this and recommend action by the member agencies.

To ensure this happens we will:

- Identify the need for screening committee strategic plans
- Identify the need for screening SBNI policies and procedures
- Include the need for screening in business planning processes, both at Strategic and Committee level
- Use this information, to inform an equality screening programme for the year.

SBNI have identified a number of impacts in relation to the priorities that it will focus on over the next three years. The organisation has gone through a thorough process to identify the areas which it will focus on. We recognise that there is more the SBNI can do over the next three years and this will form part of the Equality Audit and plan.

#### **(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?**

<b><i>How does the policy or decision currently encourage disabled people to participate in public life?</i></b>	<b><i>What else could you do to encourage disabled people to participate in public life?</i></b>
Not specifically. The Strategic Plan and this EQIA recognise that children with disabilities have particular needs and may be more vulnerable in relation to abuse than other groups. The SBNI promotes the principle of increased independence, safeguarding and protecting of those with disabilities.	The SBNI is committed to engaging with all its stakeholders in the delivery of its statutory functions. The relevant Committees will actively, and on an on-going basis, seek to identify opportunities to engage with disabled children and their families / carers in the development and implementation of the strategic plan.

**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><b>How does the policy or decision currently promote positive attitudes towards disabled people?</b></i>	<i><b>What else could you do to promote positive attitudes towards disabled people?</b></i>
Not applicable	Not applicable

**(5) CONSIDERATION OF HUMAN RIGHTS**

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

The SBNI is bound by obligations to protect children in existing international and domestic law including the United Nations Convention on the Rights of the Child (UNCRC).

The UNCRC is an international agreement on the rights of children. It sets out the basic rights to which children are entitled, in all areas of their lives. In 1991 the UK Government ratified the Convention, thereby committing itself to promotion of children's rights, through the provision of services as well as other means.

There are four guiding principles of the UNCRC.

- Non-discrimination (article 2)
- The best interests of the child (article 3)
- Respect for the child's view and the right to participate and for their view to be given due weight (article 12)
- The child's right to life, survival and development (article 6)

Taken together these principles form the corner-stones of the Convention, which provides a set of minimum standards for children's civil, political, economic and cultural rights. The SBNI will therefore ensure that these rights are central to its work.

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
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 <sup>st</sup> protocol Article 2 – Right of access to education	No

*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

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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.**

Given SBNI's statutory duties will mean in practice that the need to share information to keep a child safe from harm takes precedence over the need to maintain confidentiality. It also alerts practitioners to the need to place children at the centre of their decision-making.

Sharing of information will be based on the following principles:

- have lawful authority;
- the request for information must satisfy the first and second condition set out in section 11(2) and (3) of the Act and either the third or the fourth condition set out in section 11(4) and (5) of the Act, as set out above;
- be proportionate and shared in ways that ensure the safety and security of the information shared; and
- be accountable.

The SBNI's power to request information does not supersede the Data Protection Act 1998 (DPA). Care, therefore, will be taken to ensure that the DPA is not breached and, where appropriate, that information is shared with regard to the ECHR rights of individuals.

While this provision in the legislation provides the SBNI with a power to obtain necessary information relevant to its functions, it will provide practitioners with assurance that they can share certain sensitive

information with the SBNI, when the statutory criteria are met.

SBNI's power to request information will be exercised judiciously and only when it is necessary and proportionate to the purpose for which it is being sought. Where necessary, the SBNI Chair will seek legal advice in advance of exercising the power to request information under section 11 of the Act.

The SBNI will routinely handle sensitive personal information and there will be safeguards in place within the SBNI to ensure that such information is held securely, handled appropriately and explanation and assurances are provided to the person/body from whom information is being sought.

The SBNI will develop Information Sharing Guidance in conjunction with represented bodies, to assist in the sharing of information between those bodies, with the SBNI and its committees and sub-committees. In doing so, the SBNI will take into account the Information Commissioner's Data Sharing Code of Practice (the Code). Adopting the good practice recommendations of the Code will help to ensure that any sharing of personal information is undertaken in a manner that is fair, transparent and in line with the rights and expectations of the people whose information is being shared including rights to protection of privacy.

In exercising its functions, the SBNI will take into account the views of children and young people in Northern Ireland and the important role played by parents/carers in safeguarding children and promoting their welfare. Engagement will be open and transparent, proportionate and consistent. In discharging its statutory functions, the SBNI will treat all children equally, taking account of the particular vulnerabilities of some groups of children to abuse and neglect, such as those with disabilities, separated children, and care-experienced young people.

Account will also be taken of the communities in which children live and religious, cultural and ethnicity factors, all of which can impact on children's safeguarding and welfare needs.

In promoting communication with children SBNI will following the guidance outlined in '**Ask First - Northern Ireland Standards for Children and Young Person's Participation in Public Decision Making**' which is underpinned and informed by the United Nations Convention on the Rights of the Child, section 75 of the Northern Ireland Act (1998) and 'Our Children and Young Persons – Our Pledge', the Government's 10 year strategy for Children and Young People in



Northern Ireland.

The SBNI will ensure that it embeds the promotion of communication between the Board and children and young people, who may be affected by the work of the SBNI. This is reflected in the 3 Strategic Plan.

In addition, the SBNI has established the Engagement & Communication Committee, to assist in the delivery of this function.

The SBNI will also take cognisance of the Convention on the Rights of Persons with Disabilities. Of particular relevance for the SBNI is Article - Children with disabilities. The basis of this Article is that Governments agree to take every possible action so that children with disabilities can enjoy all human rights and freedoms equally with other children. They also agree to make sure that children with disabilities can express their views freely on all things that affect them. What is best for each child should always be considered first. When communicating with children, the SBNI will ensure that children with disabilities are involved in decision making. Article 16: Freedom from violence and abuse is also important. Children with disabilities should be protected from violence and abuse. They should not be mistreated or harmed in their home or outside. If they have faced violence or maltreatment, they have the right to get help to stop the abuse and recover

## **(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)?**

<b>Equality &amp; Good Relations</b>	<b>Disability Duties</b>	<b>Human Rights</b>
On-going monitoring and screening of SBNI policies and business plans in accordance with Section 75	On-going monitoring of Children and their families / carers involvement in the SBNI consultation process related to safeguarding with an emphasis on disability groups. Statistics collected by HSCB and	On-going link to OFMDFM in the development of a rights based monitoring process for children and young people. Advice and guidance on an on-going basis from the Voluntary Members on

	the DHSSPS in relation to children.	the SBNI who operate from a rights based perspective including the Children's Law Centre, Children in Northern Ireland, Barnardo's, Include Youth, NSPCC and Action for Children.
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Approved Lead Officer: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Policy/Decision Screened by: \_\_\_\_\_

**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