

Equality Screening, Disability Duties and Human Rights Assessment Template

Part 1 – Policy scoping

Part 2 – Screening questions

Part 3 – Screening decision

Part 4 – Monitoring

Part 5 – Disability Duties

Part 6 – Human Rights

Part 7 – Approval and Authorisation

Guidance notes are available to assist with completing this template. For further help please contact the Equality and Human Rights Unit ext 20539.

Part 1. Policy scoping

1.1 Information about the policy / decision

1.1.1 What is the name of the policy / decision?

Strategy for Looked After Children: Improving Children's Lives

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

This is a new Policy.

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

The intended aim of the Strategy is to improve the well-being of all looked after children, to deliver improved outcomes for them in line with our aspirations for all children and young people, by providing them with the best care possible. In addition through the Strategy we aim with prevention and early intervention approaches to ultimately have fewer children and young people needing care in the first place.

The Strategy will be a key PfG delivery mechanism for the PfG Indicators 10 which commits the Executive to improve supports for looked after children; PfG Indicator 11 commits to Improving Educational Outcomes; PfG Indicator 12 to reduce educational inequality and PfG Indicator 14 to Improve the skills profile of the population. In line with these PfG Indicators we will work with other government departments (in particular the Department of Education) to implement the LAC Strategy and Family Support Strategy, supported by Improving and Safeguarding Social Wellbeing: a Strategy for Social Work. Through implementation, our aim will be to deliver:

1. Improved support for greater numbers of families at an earlier stage [this will require a shift in children's services expenditure towards prevention and intervention at the earliest opportunity];
2. Targeted intensive support for families and or children and young people when risk of entry to care is high;
3. Fewer numbers of children and young people entering care;

4. Some children and young people entering care at an earlier stage, where it is appropriate;
5. Earlier permanence for children and young people in care;
6. Greater stability for children and young people in care, supported by effective relationship-building models;
7. Strengthened support for care givers, including residential care workers, foster and kinship carers, those who adopt children and young people from care and those who offer children and young people in care a permanent home by way of a private law order;
8. A more effective 'system' of regional specialist children's services, characterised by sharing of services, where appropriate;
9. Improved outcomes for children and young people in care in key areas of their lives, including physical, mental and emotional well-being and educational attainment;
10. Extended support for children and young people after care, including those children and young people who return home.

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

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

The Strategy will provide support to all children in care 0-16 and care leavers 16+-25 as set out below:

Children and young people in care, who are -

- Living in families with intense needs and requiring intensive supports [*on the edge of coming into care*];
- Returning home from a period in care [*on the edge of a [short] period in care*];
- Leaving care to make the journey into adult life [*on the edge of aging out of care*]; or
- Young people who have left care [*and are supported in independent living in*

early adulthood]

1.1.5 Who initiated or wrote the policy?

LAC and Adoption Policy Unit, Family and Children's Policy Directorate within the Department of Health, Northern Ireland.

Pupil Support Team, Access Inclusion and Wellbeing Directorate within the Department of Education, Northern Ireland

1.1.6 Who owns and who implements the policy?

LAC and Adoption Policy Unit, Family and Children's Policy Directorate within the Department of Health own the Strategy and associated Implementation Plan jointly with the Pupil Support Team, Department of Education, set within the context of the various Indicators in the Programme for Government and will implement it in conjunction with other nominated Departments as listed in the Implementation Plan, the Voluntary and Community Sector, HSCB, and Trusts etc.

1.2 Implementation factors

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

Financial

Legislative

Other

Please explain:

Some actions in the implementation plan may require resourcing and will be costed as part of the development process in conjunction with HSCB Social Care Leads and the Education Authority. These are evolving plans and can be phased as funding becomes available or as new ways of working embed and release funding to be invested in further actions. Some of the actions may be low or no costs.

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

1.3 Main stakeholders affected

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

Staff

Service users

Other public sector organisations

Voluntary/community/trade unions

Other, please specify

Children in Care and Care Experienced Young People; their Families and Carers.

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

Policy	Owner(s) of the policy
Family Support Strategy (in development)	DoH
Children and Young People Strategy	DE
PfG Indicator 10 – Improve support for Looked After Children	Executive
PfG Indicator 11 – Improving Educational Outcomes	Executive
PfG Indicator 12 – Reduce Educational Inequality	Executive
PfG Indicator 14 – Improve the skills profile of the population	Executive

1.5 Available evidence

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

Section 75 category	Details of evidence/information
Religious belief	<p>Looked after children¹ Of the 2,875 children looked after at 31 March 2015:</p> <ul style="list-style-type: none"> • 49% were from a Catholic background • 30% were from a Protestant background • 20% were of other, none or unknown background

¹ [DoH \(2016\) Children's Social Care Statistics for Northern Ireland 2014/15](#) – information base ~~lined~~ in line with Equality Screening for PFG Indicator Delivery Plan.

	<p>Care leavers aged 16-18² Of the 289 care leavers aged 16-18 in 2014/15:</p> <ul style="list-style-type: none"> • 43% were from a Catholic background • 49% were from a Protestant background • 8% were of other, none or unknown background <p>Care leavers aged 19 (n=201)³ Of the 201 young people aged 19 who reached their 19th birthday at 31 March 2015:</p> <ul style="list-style-type: none"> • 47% were from a Catholic background • 47% were from a Protestant background • 5% were from another, none or unknown background
Political opinion	The political opinion of looked after children and young people is not known as it is not collected.
Racial group	<p>Looked after children</p> <p>Of the 2,875 children looked after at 31 March 2015:</p> <ul style="list-style-type: none"> • 96% of LAC were white. The remaining 4% were of Irish Traveller, mixed or other ethnic groups. <p>Care leavers aged 16-18</p> <p>Of the 289 care leavers aged 16-18 in 2014/15, 96% were white.</p> <p>Care leavers aged 19</p> <p>Of the 201 young people aged 19 at 31 March 2015, 95% were white.</p>
Age	<p>Looked after children</p> <p>Of the 2,875 children looked after at 31 March 2015:</p>

² DOH (2016) NI Care Leavers 2014/15

³ DOH (2016) NI Care Leavers 2014/15

- 23% were under 5 years of age
- 35% were aged 5-11
- 24% were aged 12 to 15
- 18% were aged 16 and over

Across a range of age groups, LAC do not attain as high educational grades as their peer groups in the general population. Just over a quarter of children who had been in care for 12 months or longer and were of compulsory school age in 2014/15 had a Statement of Special Educational Need (27%), which was substantially higher than the general school population in NI (5%). 27% of LAC received 5 or more GCSEs at grades A*-C compared to 83% of the general population.

Care leavers aged 16-18

Of the 289 care leavers aged 16-18 in 2014/15:

- 10% were aged 16
- 7% were aged 17
- 83% were aged 18
- 75% had GCSEs or other qualifications. However, the proportion obtaining 5 GCSE's (A*-C) or higher was 25% which remains much lower than for school leavers as a whole (79%). The proportion of young people leaving care with no qualifications was 26% in 2014/15.
- Of care leavers aged 16-18 for whom information was available 61% were in education or training, 8% were working and 31% were unemployed or economically inactive.

Care leavers aged 19

During the year ending 31 March 2015, 201 young people who had been in care on 1 April 2012 reached their 19th birthday.

The key measure being used to determine the extent to

	<p>which LAC are better off as a consequence of this PfG commitment relates specifically to children who have left care and who, at age 19, are actively employed, in education or undertaking training (referred to as ETE).</p> <p>From 2012/13-2014/15, 66% of care leavers aged 19 (who were in contact with social services) were in ETE.</p>
Marital status	This information is not collected but given the age of the population under consideration it can be presumed that the majority are single.
Sexual orientation	Information not collected
Gender (Men and women generally)	<p>Looked after children Of the 2,875 children looked after at 31 March 2015:</p> <ul style="list-style-type: none"> • 52% were male • 48% were female <p>Care leavers aged 16-18</p> <p>Of the 289 young people aged 16-18 who left care in the year ending 31 March 2015, 53% were female and 47% were male.</p> <p>Care leavers aged 19</p> <p>Of the 201 young people aged 19 at 31 March 2015, 57% were male and 43% were female.</p>
Disability (with or without)	<p>The definition of disability used in the OC2 survey is “the child has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities.”</p> <p>Looked after children</p> <p>Using this definition, of the 2,875 children looked after at</p>

31 March 2015, 13% were reported as having a disability. This percentage remained the same at 31 March 2016. Disability was more prevalent in males than females (17% compared to 10%)⁴.

Having a disability can have a major impact on children's life chances. People with disabilities in general, and care experienced children in particular, are more likely to have a disability (particularly a learning disability), are more likely to suffer from multiple disadvantage, are more likely to live in poverty, come from an area of multiple deprivation, are less likely to have educational qualifications and be more likely to be economically inactive.

Although not directly comparable, the NI Census found that 5% of children in Northern Ireland had a limiting long term illness or disability that limited their day to day activity. It would therefore suggest that having a disability is more prevalent among LAC than those in the general population.

A high proportion of children already have mental health difficulties at the point of entry into care and frequently have emotional or behavioural problems. Children who have poor mental health when they enter care are at greater risk of placement instability.

A more recent TEO funded study of the physical and mental health of looked after children and young people in NI⁵ found that 36% were within the abnormal range in terms of emotional symptoms (compared with 10% expected from a community sample). However, a significant effect of age was found, with the proportion of children falling within the abnormal range increasing with age. Within the 5-11 age range, the proportion within the abnormal range was 30%. However, this increased to 40% within the 12-15 age range, to 41% within the 16-17 age range, and to 50% of those aged 18 and above.

⁴ Statistics are taken from DoH OC Surveys

⁵ McSherry, D. et al (2015) *Mind Your Health – The Physical and Mental health of LAC and Young People in NI*

	<p>Care leavers aged 16-18 (n=289)</p> <p>Of the 289 care leavers aged 16-18 in 2014/15 15% had a disability. Just over half had a learning disability (52%)⁶, 29% were on the autistic spectrum and 12% had a mental health condition.</p> <p>The NI Census 2011 reported that 6% in the general population of this age group had a long term illness. A higher proportion of LAC in this age group had a Statement of Educational Need (14%) compared with the general school population (5%).</p> <p>Care leavers aged 19 (n=201)</p> <p>Of the 201 young people aged 19 at 31 March 2015, 11% had a disability, 36% of whom had a learning disability. Although not directly comparable, figures from the 2011 NI Census showed that 7% of 18-19 years olds had a disability.</p>
<p>Dependants (with or without)</p>	<p>In 2014/15, 10 young people in care had one or more dependent children (down from 18 in 2013/14). The majority of the young people with dependants were female and all were aged 16 years or older.</p> <p>Care leavers aged 19</p> <p>Of the 201 care leavers aged 19 at the end of March 2014/15, 16% were parents, 23 of these were women and 9 were men. 26% of these female care leavers became parents on or before their 19th birthday.</p> <p>During 2014, 3% of all births in the general population in Northern Ireland were to teenage mothers and furthermore, 3% of the 19 year old female population became mothers the same year⁷. Although these figures</p>

⁶ Source: DoH OC Reports :

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

	are not directly comparable, it does indicate a higher prevalence of teenage mothers in the cohort of care leavers.
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* **Qualitative data** – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.

Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

1.6 Needs, experiences and priorities

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

Section 75 category	Details of needs/experiences/priorities
Religious belief	No evidence of specific need has been identified
Political opinion	No evidence is available but this factor needs to be considered in determining appropriate placements taking account of location and matching processes.
Racial group	No evidence of specific need has been identified
Age	<p>The focus of this Strategy is on children up to the age of 18 (as defined by the Children NI Order) and young people (up to the age of 19) and care leavers (up to 25 for those in education and training). It is about improving support for those children and young people who are taken into care and looked after by the State. Once taken into care there is an onus on us to ensure these children have the best possible outcomes across all aspects of their lives. Including their emotional wellbeing, their happiness, their education and their health.</p> <p>Whilst some children and young people do go on to reach their full potential on leaving care, many LAC's outcomes tend to fall significantly below those of the general population, most notably educational outcomes, and it is these outcomes that tend to be predictors of further life chances such as employment, deprivation, mental health, risk behaviours, etc. children and young people in the looked after population are the key</p>

	beneficiaries of this policy.
Marital status	No evidence of specific need has been identified
Sexual orientation	No evidence of specific need has been identified
Gender (Men and women generally)	No evidence of specific need has been identified
Disability (with or without)	<p>In a recent QUB study, the key findings emerging show that behavioural and mental/emotional health problems were found to be the most common health issues suffered by LAC in Northern Ireland, with 40% having been diagnosed with behavioural problems, 35% with emotional problems, and 21% with depression or anxiety. In addition, nearly one third surveyed were believed to suffer from a long-standing illness and disability (according to their current carers).</p> <p>Behavioural problems, as well as depression and anxiety, increased from early childhood through to the late teenage years, dissipating in early adulthood (18 years and over), whereas emotional problems increased with age but did not show any sign of dissipating at the early adulthood stage. Hyperactivity problems were more prevalent in the pre-and early teenage years, becoming less of an issue in the mid to late teenage years. Risk-taking behaviour increased through the teenage years, with 16-17 year olds showing the largest percentages of risk-taking and self-harming behaviours. Young people employed different strategies to deal with their health issues, and one third felt unable to seek help when feeling mentally ill, often due to feelings of embarrassment, insecurity, stigma, or guilt.</p> <p>Of the 2,875 LAC in Northern Ireland, 13% were recorded as having a disability. Over half of these had a learning disability.</p>

	<p>Given the significant differences in outcomes of LAC in relation to their educational attainment, compounded by high levels of those with Statements of Special Educational Need and learning disabilities amongst this cohort, this Strategy aims to target improved support to this group by delivering improved outcomes in physical, mental and emotional wellbeing and education attainment.</p> <p>It also focuses on providing greater stability for children and young people, earlier permanence, more effective regional services and maintaining that support to children when they return home.</p>
<p>Dependants (with or without)</p>	<p>The Strategy focuses on extending support for children and young people after they leave care. Given the high prevalence of teenage mothers in the cohort of 19 year old care leavers additional support provided to this group will have positive impacts as well as improving outcomes relating to their physical, mental and emotional well-being.</p>

Part 2. Screening questions

2.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)		
Section 75 category	Details of policy impact	Level of impact? minor/major/none
Religious belief	None expected	None
Political opinion	None expected	None
Racial group	None expected	None
Age	Positive impacts are expected as this focuses on children up to the age of 19 who are, or have been, in the care of the State and care leavers (up to 25 for those in employment, education and training). Positive Impacts are also expected for those LAC children who are on the Special Educational Needs Register.	Major
Marital status	None expected	None
Sexual orientation	None expected	None
Gender (Men and women generally)	None expected	None

	<p>None expected</p> <p>However educational outcomes of males tend to be worse than females (although this can vary year on year), hence any additional support provided might be assumed to benefit males more.</p>	
<p>Disability (with or without)</p>	<p>Positive impacts expected due to the disproportionate numbers of LAC who have a disability or those children on the Special Educational Needs Register.</p>	<p>Major</p>
<p>Dependants (with or without)</p>	<p>Positive impacts expected for those LAC who have dependants, most of whom are aged 19.</p>	<p>Minor</p>

<p>2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?</p>		
<p>Section 75 category</p>	<p>If Yes, provide details</p>	<p>If No, provide reasons</p>
<p>Religious belief</p>		<p>No, this is the best way we know of levelling the playing field for this group of children and young people. The positive impacts are related to age and disability, as noted above</p>
<p>Political opinion</p>		
<p>Racial group</p>		

Age		
Marital status		
Sexual orientation		
Gender (Men and women generally)		
Disability (with or without)		
Dependants (with or without)		

2.3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group? (minor/major/none)		
Good relations category	Details of policy impact	Level of impact minor/major/none
Religious belief	No expected impact on good relations	None
Political opinion	No expected impact on good relations	None
Racial group	No expected impact on good relations	None

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

		different political belief.
Racial group		The Strategy and implementation plan offers limited potential to promote good relations between people of different racial background.

2.5 Additional considerations

Multiple identity

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

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

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

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

Part 3. Screening decision

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

No impact
Minor impact
Major impact

X Positive

Consider mitigation (3.4 – 3.5)

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

Yes - screened in
No - screened out

x

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

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

We have engaged in consultation with key stakeholders in the development of the Strategy and will continue to do so through implementation. All discussions have been welcomed, and no negative impacts have been identified through this process. However we will continue to monitor this at formal consultation and through ongoing dialogue with key stakeholders and with care experienced children and young people, their families and carers themselves.

Mitigation

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

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

Yes

No

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

Part 4. Monitoring

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

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

The Strategy is supported by an Implementation Plan and associated implementation infrastructure, involving all of the key implementation partners within government and from outside government. The purpose of the infrastructure arrangements will be to monitor progress against the key commitments made within this Strategy and the corresponding PfG indicators 10; 11; 12 and 14 delivery plans. It is also intended to report progress to Ministers on an annual basis.

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

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

range of data which will contribute to monitoring the effects of the Implementation Plan.

Please note: - For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues.

Part 5. Disability Duties

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

Whilst not specifically related to positive attitudes or participation in public life, the Strategy aims to address some of the issues experienced by Looked After Children and care experienced young people who are more likely to have a learning disability and behavioural issues, which adversely affects their ability achieve good educational and other outcomes. In addition, the Strategy aims to promote a more positive attitude to and community integration for LAC (inclusive of those with a disability)

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

No

Part 6. Human Rights

6.1 Please complete the table below to indicate whether the policy / decision affects anyone's Human Rights?

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

1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			x
1 st protocol Article 2 – Right of access to education	x		

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

N/A

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

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

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

N/A

Part 7 - Approval and authorisation

	Name	Grade	Date
Screened completed by			
Approved by ¹			
Forwarded to E&HR Unit ²			

Notes:

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

² When the Equality and Human Rights Unit receive a copy of the final screening it will be placed on the Department's website and will be accessible to the public from that point on. In addition, consultees who elect to receive it, will be issued with a quarterly listing all screenings completed during each three month period.

ADDITIONAL INFORMATION TO INFORM THE ANNUAL PROGRESS REPORT TO THE EQUALITY COMMISSION

(PLEASE NOTE : THIS IS NOT PART OF THE SCREENING TEMPLATE BUT MUST BE COMPLETED AND RETURNED WITH THE SCREENING)

1. Please provide details of any measures taken to enhance the level of engagement with individuals and representative groups. Please include any use of the Equality Commissions guidance on consulting with and involving children and young people.

To enhance the level of engagement with individuals and representative groups in the development of the new LAC Strategy, key to delivering this implementation plan, we have held discussions through editorial workshops; electronic sharing of draft documents; pre consultation events with care experienced children and young people; their carers and service providers. This had been undertaken through partnership working with a range of key stakeholder organisations and “critical friends” including voluntary and community partners; regional independent advocacy bodies; health and social care professionals; service planners and commissioners; interdepartmental and cross departmental representatives. This work will help to inform the strategy and seek broad agreement on the direction of travel. Our key stakeholders are supportive of the approach and will remain involved throughout the development and implementation phases of the LAC Strategy and implementation of the PFG Delivery Plan.

2. In developing this policy / decision were any changes made as a result of equality issues raised during :
 - (a) pre-consultation / engagement;
 - (b) formal consultation;
 - (c) the screening process; and/or
 - (d) monitoring / research findings.

If so, please provide a brief summary including how the issue was identified, what changes were made, and what will be the expected outcomes / impacts for those effected.

This Strategy and overarching PFG Delivery Plan have been developed in discussion with key stakeholders, and at no time were any negative equality issues raised. The intent of the policy is positive for LAC children. This will be monitored over the course of implementation, and at formal evaluation stage. These strategies will be formally consulted upon and our stakeholders will get a further opportunity to consider and influence the direction of travel.

3. Does this policy / decision include any measure(s) to improve access to services including the provision of information in accessible formats? If so please provide a short summary.

The Strategy, in line with PfG Indicator 10 Delivery Plan, intends to improve a range of services for Looked After Children and care experienced young people, including:

- the introduction of new services, new investment to support the introduction of extended services; the movement of existing investment to support preventative and earlier interventions; improved support for greater numbers of families at an earlier stage; targeted intensive support for families and or children and young people; earlier permanence for children and young people in care; greater stability for children and young people in care, strengthened support for care givers; extended support for children and young people after care, including those children and young people who return home; a more effective 'system' of regional specialist children's services, characterised by sharing of services, where appropriate;
- improved outcomes for children and young people in care in key areas of their lives, including physical, mental and emotional well-being and educational attainment.

Thank you for your co-operation.
Equality and Human Rights Unit.