



## **Equality Screening, Disability Duties and Human Rights Assessment Template**

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*Guidance on completion of the template can be found on the Equality Commission website at [S75 screening template 2010 \(web access checked 230920\) .docx](#)*

## **Part 1. Policy scoping**

### **1.1 Information about the policy**

Name of the policy:

#### **Consultation on proposals to extend modifications to children's social care regulations**

Is this an existing, revised or a new policy?

This is a revised policy.

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

The Children's Social Care (Coronavirus) (Temporary Modification of Children's Social Care) Regulations (Northern Ireland) 2020 (S.R. 2020/78) made temporary modifications to Statutory Rules to relax legislative requirements and S.R. 2020/235 (Regulation 10) extended these regulations until 07 May 2021.

The relaxation of the legislative requirement was in order to support the HSCB's contingency arrangements and provide HSC Trusts and independent providers of children's social care services with the flexibility required to continue to provide essential services to looked after children, children in need and care leavers during the surge phases of the COVID-19 pandemic. The aim is to ensure that, during this pandemic, social care services to children and young people are carried out in a way which is sufficiently flexible in the circumstances but also in keeping with public health guidelines and carefully managed in terms of risk of harm. Guidance to support the existing Regulations has been published.

The Department of Health now proposes to make a new Statutory Rule which will provide Trusts with operational flexibility in a smaller number of areas for up to a further six months, until 7 November 2021. If circumstances change before the further 6 months have elapsed, the Regulations may be revoked earlier. The intention is that the relaxation of the statutory

requirements are intended to be used only where strictly necessary and will be in place only for as long as required to respond to the COVID-19 pandemic.

It is proposed that 5 areas of temporary modifications will be extended for a further period of up to 6 months. These are as follows:

### **Visits to looked after children by Social Workers**

3 sets of Regulations to be modified to remove the prescribed timescales for undertaking visits to:

- i. looked after children placed at home with their parents,
- ii. children in foster care, and
- iii. children who have been placed for adoption or who are awaiting placement for adoption.

Instead, visits will be undertaken in accordance with departmental guidance.

### **Visits by Registered Provider to children's homes**

The Children's Homes Regulations (NI) 2005 to be modified to set out temporary revised arrangements relating to how monthly monitoring visits by Registered Providers are undertaken.

### **Foster Care**

Temporary modifications to be made to enable more timely approvals of foster carers and to provide greater flexibility in relation to reviews of foster carer approvals.

The modification extends the maximum period for which a child may be placed with an approved foster carer in an emergency from 24 hours to 10 days. The maximum period for which a child may be placed with kinship (relatives/friends) carers who have not been fully approved as foster carers (immediate placements) will also be temporarily extended from 12 weeks to 16 weeks. In addition, the period to undertake reviews of foster carers is to be extended from 12 months to 15 months.

Are there any Section 75 categories which might be expected to benefit from the intended policy?

If so, explain how.

The purpose of extending these modifications is to provide greater flexibility to HSC Trusts to enable them to continue to deliver key social care services to looked after children and young people. Among the looked after children population, there is a significant representation of children and young people with a disability. Whilst timescales will be extended for the delivery of such services, continuity of services will ensure that children and young people will continue to receive the support required. The flexibility afforded by way of the modifications will also enable HSC Trusts to provide services in alternative ways, for example, reviews may be undertaken using remote communication methods and, where face to face visits do not take place, contact will still be required through electronic means using audio-visual technology, wherever possible. Such remote communication methods will safeguard children and protect their health by minimising the spread of the Coronavirus.

The other section 75 categories will not be affected by this Statutory Rule.

Who initiated or wrote the policy?

The proposals have been initiated and drafted by the Department of Health.

Who owns and who implements the policy?

This policy is owned by the Department of Health. Departmental guidance was published to accompany the current Modification Regulations [SR 2020/78] which came into operation on 7 May 2020 for up to a 6 months period and were subsequently extended to 7 May 2021. The Guidance sets out the extended timescales and the way in which the arrangements should operate during the effective period. This Guidance will be updated and re-issued to reflect the proposed modifications that remain in place after 7 May 2021. The HSC Board and HSC Trusts will be responsible for implementing this policy.

## 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 (please delete as appropriate)

financial

legislative – public health legislation and guidance relating to restrictions and public safety will impact on use of proposed modifications by children’s social services staff.

Other - please specify: availability of broadband in some areas to support remote communication. The ability of some children (particularly the very young or those with communication difficulties) to participate fully in exchanges by remote communication.

## 1.3 Main stakeholders affected

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

Staff – (Health & Social Care Staff and independent provider staff)

service users – children and young people in care; foster carers; parents

other public sector organisations – HSC Board; PHA; NIGALA; NISCC

voluntary/community/trade unions – BASW(NI); Unison; NIPSA; child rights and advocacy organisations

other, please specify - NICCY

## 1.4 Other policies with a bearing on this policy

- what are they?
  1. Strategy / policies for managing Coronavirus pandemic (including self-isolation/shielding, social distancing)
  2. Children (Northern Ireland) Order 1995 and associated subordinate legislation and guidance
  3. The Adoption (Northern Ireland) Order 1987
  4. Minimum Standards for Children’s Homes April 2014 (refreshed January 2019)
  5. Minimum Standards for Kinship Foster Care

6. Draft PFG (2016-21) including Executive Strategies such as Making Life Better, Childcare & Social /NICS Outcome Delivery Plan/Children and Young People's Strategy
  7. Health and Wellbeing 2026 – Delivering Together
  8. The United Nations Convention on the Rights of the Child
  9. The Human Rights Act 1998
  10. The United Nations Convention on the Rights of Persons with a Disability 2006 and relevant disability legislation
- who owns them?
    1. Northern Ireland Executive
    2. DoH/DoF
    3. DoH
    4. DoH
    5. DoH
    6. NI Executive
    7. DoH
    8. United Nations
    9. UK Government
    10. United Nations

## 1.5 Available evidence

What evidence/information (both qualitative and quantitative<sup>1</sup>) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

### **Religious belief** evidence / information:

An assessment has not been considered necessary as when these proposals are introduced they will not have any impact on the Section 75 category of religious belief. These proposals have been developed in response to the COVID-19 pandemic. It will give effect to temporary changes to be applied across a small number of areas. Given the rapidly evolving global situation regarding the spread of COVID-19, there is insufficient time to gather any specific information relating to religious belief in respect of the new proposals.

The latest statistics in relation to looked after children can be accessed via the Department of Health website:

<https://www.health-ni.gov.uk/articles/looked-after-children>

It is not anticipated that religious belief will have any bearing on the policy as it will apply equally across all children and young people.

### **Political Opinion** evidence / information:

An assessment has not been considered necessary as when these proposals are introduced they will not have any impact on the Section 75 category of political opinion.

Accordingly data has not been recorded for Section 75 purposes.

### **Racial Group** evidence / information:

While a small percentage of looked after children are from ethnic minority communities, an assessment has not been considered necessary as when these proposals are introduced they will not have any impact on the Section 75 category of racial group. These proposals have been developed in response to the COVID-19 pandemic. It will give effect to temporary changes to be applied across a small number of areas.

It will not impact adversely on Separated/Unaccompanied Asylum Seeking Children (S/UASC) as services will be maintained albeit adapted in line with public health advice and assistance will be provided in terms of English language tutoring and interpretation services to ensure there is an understanding as to why remote communication is being used in some circumstances.

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<sup>1</sup> \* **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).

The latest statistics in relation to looked after children can be accessed via the Department of Health website:

<https://www.health-ni.gov.uk/articles/looked-after-children>

Accordingly data has not been recorded for Section 75 purposes.

**Age** evidence / information:

The proposal to extend a limited number of modifications for up to a further 6 months will impact on looked after children, their foster parents and parents.

As provided in Children's Social Care Statistics for Northern Ireland 2019/20 Bulletin<sup>2</sup>, as at 31 March 2020 there were:

- 3383 looked after children, the highest number recorded since the introduction of the Children (Northern Ireland) Order 1995

The age breakdown of looked after children is:

Age	% of looked after children population
Under 1 year	4%
1-4	19%
5-11	36%
12-15	26%
16& over	16%

Visits are required to be undertaken to all looked after children either in foster care or placed with parents under a Care Order. Children in residential care will have social work staff present to support them. Almost four fifths of children in care live with foster carers (79%) and 10% of children are placed with parents

When the current Modification Regulations were made, a monthly monitoring system was introduced and this has demonstrated the increased need to work remotely when public health restrictions are in place, and particularly during time of surge in children's services. 57.6% of visits to looked after children took place remotely in February 2021, compared to 17% in December 2020. The percentage of visits to children's homes conducted remotely was 86% in both January and February 2021. 234 foster carer reviews are more than 3 months outstanding. There continues to be a need for the flexibility of timescales for children in emergency and immediate placements, with over 50 children in placements within the extended timeframes.

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<sup>2</sup> [DoH Children's Social Care Statistics Northern Ireland 2019/20](#)



**Marital Status** evidence / information:

This information is not collected but given the age of the population under consideration it can be presumed that the majority are single. Therefore, an assessment has not been considered necessary as when the proposals are made it will not have any impact on the Section 75 category of Marital Status

Accordingly data has not been recorded for Section 75 purposes.

**Sexual Orientation** evidence / information:

As 'religious belief' above.

It should also be noted that this information is not currently collected.

**Men & Women generally** evidence / information:

As 'religious belief' above.

Accordingly data has not been recorded for Section 75 purposes.

**Disability** evidence / information:

The Northern Ireland Census 2011 notes that 5% of children in Northern Ireland have a limiting long term illness or disability that limits their day to day activity.

The Northern Ireland Children's Social Care Statistics at 31/3/2020 indicates that 12% of looked after children are recorded as having a disability. It would therefore suggest that having a disability is more prevalent among looked after children than those in the general population.

The proposal to extend a limited number of modifications for up to a further 6 months will impact on looked after children, including those with disabilities.

Each looked after child is required to be visited within specified timescales. If it is considered there is a risk to any looked after child or young person, welfare visits and reviews will be undertaken regardless of timescales set out in guidance, as and when deemed necessary.

Additionally, a high proportion of children already have mental health difficulties at the point of entry into care and frequently have emotional or behavioural problems. A TEO funded study of the physical and mental health of looked after children and young people in NI<sup>3</sup> 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

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<sup>3</sup> *McSherry, D. et al (2015) Mind Your Health – The Physical and Mental health of looked after children and Young People in NI*

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.

**Dependants** evidence / information:

An assessment has not been considered necessary as when these proposals are introduced they will not have any impact on the Section 75 category of persons with or without dependants. The development of these proposals is in response to the COVID-19 pandemic. While it has not been possible to gather any specific information relating to persons with dependants in the time available, the proposals will not adversely impact on young parents as services will be maintained albeit adapted in line with public health advice.

Accordingly data has not been recorded for Section 75 purposes.

## **1.6 Needs, experiences and priorities**

Taking into account the information referred to above, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision?

Specify details of the needs, experiences and priorities for each of the Section 75 categories below:

### **Religious belief**

There is no evidence that different religious beliefs will have any different needs, experiences, priorities or issues in relation to these proposals.

### **Political Opinion**

There is no evidence that those with different political opinions will have any different needs, experiences, priorities or issues in relation to these proposals.

### **Racial Group**

Separated/Unaccompanied asylum seeking children will have particular needs and priorities in relation to the proposals. These will include: communication and language barriers; challenges around implementing social distancing and self-isolation measures with this group of vulnerable young people given the issues of loss, separation, displacement, grief, fear,

mistrust, separation, identity, trauma and disorientation they may be experiencing. This vulnerable group will need continuous access to and provision of a full range of services such as translation and interpretation services, health services/multi-agency services such as provision of health care, social care, education, accommodation, legal services/representation. It will not impact adversely on UASC as services will be maintained albeit adapted in line with public health advice.

### **Age**

It is recognised that depending on their age, children and young people will have differing needs, experiences, priorities or issues in relation to the temporary modifications being proposed. .

During the current Coronavirus pandemic, looked after children will continue to require support and access to services which are available.

HSC Trusts need to ensure that such services continue to be provided and that they continue to safeguard and contribute to promoting the well-being of children. Regular contact should continue, including visits where deemed necessary and where it is safe to do so.

The provision of such services must however be conducted where possible, using alternative methods to ensure that current social distancing / social isolation / shielding guidance is adhered to and any risk of infection is minimised. Placement moves should be kept to a minimum and visits to children's homes should, where possible, be kept to a minimum to reduce footfall and maintain infection control.

Communication and information provided about the changes brought about by the proposals, and about the pandemic more generally, will take into account the age, development and level of understanding of the individual child. In implementing the temporary modifications, providers will continue to ensure: full application of the principle of the paramountcy of the child; that the views of the child or young person is considered in decisions that affect them; and ongoing support is provided to the child/young person including access to advocacy services.

### **Marital status**

There is no evidence that those with different marital status will have any different needs, experiences, priorities or issues in relation to these proposals.

### **Sexual orientation**

There is no evidence that those with different sexual orientations will have any different needs, experiences, priorities or issues in relation to these proposals.

### **Men and Women Generally**

There is no evidence that those of different genders will have any different needs, experiences, priorities or issues in relation to these proposals.

## **Disability**

HSC Trusts will seek to safeguard the health and well-being of the children and young people they consider particularly vulnerable, including those with a disability. HSC Trusts and independent providers continue to be required to identify those children and young people in residential care who have an underlying condition which may put them at greater risk and advise the HSC Board and RQIA of specific measures that will be taken to keep these young people safe.

Visits will be conducted in line with the current guidance, risk assessment will be carried out, ensuring that the child's needs continue to be met.

Where contact is to be made with a child remotely in place of a face-to-face visit, the mode of communication chosen to fulfil this requirement will be chosen with the particular support needs of the disabled child or young person in question.

It is also recognised that children and young people with mental health issues will have particular needs and experiences in response to Covid-19 pandemic generally, as well as in relation to particular measures that have been introduced including social distancing requirements etc.

## **Dependants**

There is no evidence that those with or without different dependants will have any different needs, experiences, priorities or issues in relation to these proposals. There is a higher proportion of young parents among the looked after population compared to their peer group in the general population. Due to restrictions as a result of social distancing requirements, there will be impacts on face to face visits for parents/carers of those children. Accompanying DoH guidance emphasises the importance of good communication between social workers, the child or young person's family, and the child/ young person themselves in ensuring that contact is maintained as much as possible and that alternative arrangements are agreed by all parties.

## **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**

**Details of the likely policy impacts on Religious belief:** None

What is the level of impact? ~~Minor / Major~~ / None

**Details of the likely policy impacts on Political Opinion:** None

What is the level of impact? ~~Minor~~ / ~~Major~~ / None

**Details of the likely policy impacts on Racial Group: None**

The proposals have been developed in response to the COVID-19 pandemic. It will give effect to temporary changes to be applied to all children and young people in care to enable the continued provision of safe care as well as protecting the health and wellbeing of the children and young people across all care settings. It is seeking to maintain equality of opportunity for all looked after children and young people, including those children and young people from minority ethnic groups.

What is the level of impact? Minor / ~~Major~~ / ~~None~~

**Details of the likely policy impacts on Age:**

The proposals have been developed in response to the COVID-19 pandemic. It will give effect to temporary changes to be applied to all children and young people in care to enable the continued provision of safe care as well as protecting the health and wellbeing of the children and young people across all care settings. It is seeking to maintain equality of opportunity for all looked after children and young people.

What is the level of impact? Minor / ~~Major~~ / ~~None~~

**Details of the likely policy impacts on Marital Status: None**

What is the level of impact? ~~Minor~~ / ~~Major~~ / None

**Details of the likely policy impacts on Sexual Orientation:**

What is the level of impact? ~~Minor~~ / ~~Major~~ / None

**Details of the likely policy impacts on Men and Women: None**

What is the level of impact? ~~Minor~~ / ~~Major~~ / None

**Details of the likely policy impacts on Disability:**

The proposals have been developed in response to the COVID-19 pandemic. It will give effect to temporary changes to be applied to all children and young people in care to enable the continued provision of safe care as well as protecting the health and wellbeing of the children and young people across all care settings. It is seeking to maintain

equality of opportunity for all looked after children and young people, including those children and young people with a disability.

The necessity for robust needs and risk assessments will continue and for services to continue to be undertaken within original timescales where it is still possible to do so in line with public health guidance. These modifications are aimed at providing HSC Trusts with sufficient flexibility to continue to provide essential support and services to children and young people and their families, whilst also ensuring that the children and young people continue to be safeguarded and their welfare protected.

What is the level of impact? Minor ~~/ Major~~ / None

**Details of the likely policy impacts on Dependents:** None

What is the level of impact? ~~Minor~~ / Major / None

## **2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories? No**

Detail opportunities of how this policy could promote equality of opportunity for people within each of the Section 75 Categories below:

**Religious Belief - No:** It is proposed that existing subordinate legislation, which provided for modifications to children's social care legislation, will cease to have effect and will be replaced with new Regulations which reduce the number of modifications for up to a further 6 months to ensure that essential children's social care services are maintained during the COVID-19 pandemic.

**Political Opinion No:** It is proposed that existing subordinate legislation, which provided for modifications to children's social care legislation, will cease to have effect and will be replaced with Regulations which reduce the number of modifications for up to a further 6 months to ensure that essential children's social care services are maintained during the COVID-19 pandemic..

**Racial Group - No:** It is proposed that existing subordinate legislation, which provided for modifications to children's social care legislation, will cease to have effect and will be replaced with Regulations which reduce the number of modifications for up to a further 6 months to ensure that essential children's social care services are maintained during the COVID-19 pandemic.

**Age - No:** It is proposed that existing subordinate legislation, which provided for modifications to children's social care legislation, will cease to have effect and will be replaced with Regulations which reduce the number of modifications for up to a further 6

months to ensure that essential children's social care services are maintained during the COVID-19 pandemic.

**Marital Status** - No: It is proposed that existing subordinate legislation, which provided for modifications to children's social care legislation, will cease to have effect and will be replaced with Regulations which reduce the number of modifications for up to a further 6 months to ensure that essential children's social care services are maintained during the COVID-19 pandemic.

**Sexual Orientation** - No: It is proposed that existing subordinate legislation, which provided for modifications to children's social care legislation, will cease to have effect and will be replaced with Regulations which reduce the number of modifications for up to a further 6 months to ensure that essential children's social care services are maintained during the COVID-19 pandemic.

**Men and Women generally** - No: It is proposed that existing subordinate legislation, which provided for modifications to children's social care legislation, will cease to have effect and will be replaced with Regulations which reduce the number of modifications for up to a further 6 months to ensure that essential children's social care services are maintained during the COVID-19 pandemic.

**Disability** - No: It is proposed that existing subordinate legislation, which provided for modifications to children's social care legislation, will cease to have effect and will be replaced with Regulations which reduce the number of modifications for up to a further 6 months to ensure that essential children's social care services are maintained during the COVID-19 pandemic.

**Dependants** - No: It is proposed that existing subordinate legislation, which provided for modifications to children's social care legislation, will cease to have effect and will be replaced with Regulations which reduce the number of modifications for up to a further 6 months to ensure that essential children's social care services are maintained during the COVID-19 pandemic.

## 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?

Please provide details of the likely policy impact and determine the level of impact for each of the categories below i.e. either minor, major or none.

**Details of the likely policy impacts on Religious belief:** The policy will not impact on good relations.

What is the level of impact? ~~Minor / Major~~ / None

**Details of the likely policy impacts on Political Opinion:** The policy will not impact on good relations.

What is the level of impact? ~~Minor / Major~~ / None

**Details of the likely policy impacts on Racial Group:** The policy will not impact on good relations.

What is the level of impact? ~~Minor / Major~~ / None

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

Detail opportunities of how this policy could better promote good relations for people within each of the Section 75 Categories below:

**Religious Belief - No:** It is proposed that existing subordinate legislation, which provided for modifications to children's social care legislation, will cease to have effect and will be replaced with Regulations which reduce the number of modifications for up to a further 6 months to ensure that essential children's social care services are maintained during the COVID-19 pandemic.

**Political Opinion - No:** It is proposed that existing subordinate legislation, which provided for modifications to children's social care legislation, will cease to have effect and will be replaced with Regulations which reduce the number of modifications for up to a further 6 months to ensure that essential children's social care services are maintained during the COVID-19 pandemic.

**Racial Group - No:** It is proposed that existing subordinate legislation, which provided for modifications to children's social care legislation, will cease to have effect and will be



replaced with Regulations which reduce the number of modifications for up to a further 6 months to ensure that essential children's social care services are maintained during the COVID-19 pandemic.

## 2.5 Additional considerations

### Multiple identity

Generally speaking, people can fall into more than one Section 75 category. **Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?**

*(For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).*

All persons affected will fall into more than one S75 category e.g. young people with a disability/ young female/ BAME male etc, however, these measures will have a positive impact on all young people affected.

**Provide details of data on the impact of the policy on people with multiple identities. Specify relevant Section 75 categories concerned.**

The Northern Ireland Census 2011 notes that 5% of children in Northern Ireland have a limiting long term illness or disability that limits their day to day activity with the Northern Ireland Children's Social Care Statistics at 31/3/2020 indicating that 12% of looked after children are recorded as having a disability. **However**, these measures will have a positive impact on all young people affected.

**2.5 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.**

The current Modification Regulations have been in place since May 2020 and no adverse impacts have been identified which are specific to those provisions.

### Part 3. Screening decision

#### 3.1 Would you summarise the impact of the policy as; No Impact/ Minor Impact/ Major Impact?

Minor positive Impact

#### 3.2 Do you consider that this policy/ decision needs to be subjected to a full equality impact assessment (EQIA)?

No

#### 3.3 Please explain your reason.

The proposals to reduce the modifications contained in the Children's Social Care (Coronavirus) (Temporary Modification of Children's Social Care) Regulations (Northern Ireland) 2020 (SR 2020/78) (and in some cases to reduce the current flexibility with regard to timescales) and to extend their application for up to a further period of 6 months. The aim is to provide HSC Trusts with greater flexibility in order to ensure that essential children's social care services can be maintained during the COVID-19 pandemic. The Regulations may be revoked at an earlier stage if possible. The current Modification Regulations have been in place since May 2020 and no adverse impacts have been identified which are specific to those provisions. It is considered that a full Equality Impact Assessment is not required.

#### 3.4 Mitigation

When the public authority concludes that the likely impact is 'minor' and an equality impact assessment is not to be conducted, the public authority may consider mitigation to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

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

No

The existing Modification Regulations are supported by Guidance which was published in May 2020. That Guidance clearly states that the modifications are intended to apply only where absolutely necessary and until normal services can be resumed. It also states that, while flexibility in terms of the exercise of a number of statutory functions is being permitted by way of the Regulations, this MUST be underpinned by:

- The full application of the principle of paramountcy of the child;
- A comprehensive risk assessment of each child's and family's circumstances;
- A robust risk management plan developed in partnership with other agencies if necessary;

- Ongoing or continuous monitoring of individual cases, leading to revised risk management plans if necessary;
- Immediate responses where they are considered necessary;
- The continuation of services in accordance with previously agreed plans (with adjustments for public health purposes if required); and
- The provision of new or additional services, where risks identified indicate that they are required to minimise or mitigate risks to the child either in safeguarding or welfare terms.

The Guidance will be updated and re-issued to reflect any new modifications. The new Regulations will be subject to ongoing monitoring and review and may be revoked at an earlier date to reflect a gradual return to normal working arrangements.

**If so, give the reasons to support your decision, together with the proposed changes/amendments or alternative policy.**

**N/A**

## **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?**

When the Children's Social Care (Coronavirus) (Temporary Modification of Children's Social Care) Regulations (Northern Ireland) 2020 came into operation on 7 May 2020, robust monitoring arrangements were also put in place. HSC Trusts have been required to provide, on a monthly basis, statistical data on the extent to which the flexibility provided by the Regulations has been exercised. Based on the data provided, monthly monitoring reports from June 20 to February 21, have been provided to the Health Minister, the Health Committee and key stakeholders (the Northern Ireland Commissioner for Children and Young People, the Children's Law Centre and the Northern Ireland Human Rights Commission). Reports have also been placed on the DoH website.

Monthly monitoring of the extent to which the flexibility provided by the new Regulations is being applied would continue during the extended period of operation.

The accompanying Guidance will be updated and re-issued when the new Regulations are made to reflect the reduction in modifications. The new Regulations will be subject to ongoing monitoring and review and may be revoked at an earlier date to reflect a gradual return to normal working arrangements.

Monitoring already takes place of HSCTs' duty in relation to this cohort of children and young people and data is available. Data collection arrangements for looked after children (e.g. delegated statutory functions) continue with temporary weekly data collection and reporting on children's services will be used to monitor the effect of the evolving pandemic on pressures within children's services.

Where HSCTs need to deviate from standard practice and statutory requirements in line with the modification regulations, social workers are required to keep clear records to document the rationale and risk assessment for judgements and balance considerations of risks to children and families, young people and members of the workforce. Reporting structures in Trusts enable ongoing reporting in relation to the implementation of the regulations and for its effects to be monitored and risk managed. Additional meetings are also taking place with the HSCB, HSCTs Heads of Service and providers to enhance monitoring arrangements during the pandemic response and to address any risks or pressures as they arise.

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

As above, monitoring of the extent to which the flexibility provided by the modifications has been exercised by HSC Trusts will continue on a monthly basis and current DSF data collection arrangements for Looked After Children are to continue.

## **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?**

No. The proposals would be introduced in response to the current COVID-19 pandemic.

### **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. The proposals will be introduced in response to the current COVID-19 pandemic.

## Part 6. Human Rights

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

#### **Details of the likely policy impacts on Article 2 – Right to life:**

These proposals support the HSC Board's contingency arrangements during times of surge and provide HSC Trusts and independent providers of children's social care services with the flexibility required to continue to provide essential services to looked after children, children in need and care leavers during the COVID-19 pandemic.

What is the impact? Positive / ~~Negative (human right interfered with or restricted)~~ / ~~Neutral~~

#### **Details of the likely policy impacts on Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment: N/A**

What is the impact? ~~Positive~~ / ~~Negative~~ / Neutral

#### **Details of the likely policy impacts on Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour: N/A**

What is the impact? ~~Positive~~ / ~~Negative~~ / Neutral

#### **Details of the likely policy impacts on Article 5 – Right to liberty & security of person: N/A**

What is the impact? ~~Positive~~ / ~~Negative~~ / Neutral

#### **Details of the likely policy impacts on Article 6 – Right to a fair & public trial within a reasonable time: N/A**

What is the impact? ~~Positive~~ / ~~Negative~~ / Neutral

#### **Details of the likely policy impacts on Article 7 – Right to freedom from retrospective criminal law & no punishment without law: N/A**

What is the impact? ~~Positive~~ / ~~Negative~~ / Neutral

**Details of the likely policy impacts on Article 8 – Right to respect for private & family life, home and correspondence:**

These proposals support the HSC Board's contingency arrangements during times of surge and provide HSC Trusts and independent providers of children's social care services with the flexibility required to continue to provide essential services to looked after children, children in need and care leavers during the COVID-19 pandemic.

What is the impact? ~~Positive~~ / ~~Negative~~ / Neutral

**Details of the likely policy impacts on Article 9 – Right to freedom of thought, conscience & religion: N/A**

What is the impact? ~~Positive~~ / ~~Negative~~ / Neutral

**Details of the likely policy impacts on Article 10 – Right to freedom of expression: N/A**

What is the impact? ~~Positive~~ / ~~Negative~~ / Neutral

**Details of the likely policy impacts on Article 11 – Right to freedom of assembly & association: N/A**

What is the impact? ~~Positive~~ / ~~Negative~~ / Neutral

**Details of the likely policy impacts on Article 12 – Right to marry & found a family: N/A**

What is the impact? ~~Positive~~ / ~~Negative~~ / Neutral

**Details of the likely policy impacts on Article 14 – Prohibition of discrimination in the enjoyment of the convention rights:**

What is the impact? ~~Positive~~ / ~~Negative~~ / Neutral N/A

**Details of the likely policy impacts on 1<sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property:**

What is the impact? ~~Positive~~ / ~~Negative~~ / Neutral N/A

**Details of the likely policy impacts on 1<sup>st</sup> protocol Article 2 – Right of access to education: N/A**



What is the impact? ~~Positive~~ / ~~Negative~~ / Neutral

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

N/A

**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

<b>Screened by:</b>	<b>Position/Job Title</b>	<b>Date</b>
Elizabeth Kayaalp	DP	02/04/2021
<b>Approved by:</b>		
Elaine Lawson	7	06/04/2021
<b>Copied to EHRU:</b>		