



Northern Health
and Social Care Trust

Reform and Modernisation of Children's Services

**Consultation and Equality Impact Assessment –
January 2009**

Contents

Executive Summary	3
Introduction	4
Background to the Proposals	7
Review of Mainstream Residential Care for Children	10
Replace the Service provided in Cherry Lodge Residential facility with 12 specialist salaried carers	25
Renegotiation of the Independent Sector Contracts	35
Formal Consultation	38
Publication of the Results of this Equality Impact Assessment	41
Monitoring	42
<u>Appendices</u>	
Appendix 1 Northern Trust CSR Human Resource Strategy..	43
Appendix 2 Consultation Proforma	47

Executive Summary

In providing appropriate care, support and protection for children and young people, children’s services focus on:

- Supporting families and safeguarding children and young people at risk
- Achieving greater stability and permanence for children in care, mainly through long-term foster care, returning children home where possible or through adoption
- Improving outcomes for children who are in or are leaving formal care arrangements

Given the focus on supporting families and enabling children and young people to stay within a family environment as far as possible, the Trust has reviewed its mainstream and respite residential provision with a view to increasing family based care. It is proposed to reduce the number of Trust children’s homes from six to five and recruit more salaried foster carers to provide family based care, and it is proposed to replace one of the Trusts respite residential homes again with family based respite.

Of the six Trust children’s homes, three are new buildings (built between 1995 and 2004), one is currently being replaced with a new building and one further has a case made for a new building which is awaiting funding. The sixth is Princes Gardens Children’s Home in Larne which is the oldest by several decades of the buildings currently used accommodating children and young people. The proposal would replace Princes Gardens home with salaried foster carers, recruiting foster carers across the area appropriate to the age profile and needs of children and young people, helping them to stay in their local communities, with access to extended family and relatives, schools and friends.

Of the Trust’s two respite residential units it is proposed to replace one of these, Cherry Lodge in Randalstown (a three bedded unit) with salaried foster carers, across the area, to provide respite close to home and enable children to continue to experience family based respite as an alternative to residential care.

It is also proposed to renegotiate contracts with Independent Sector providers for a range of services to achieve greater efficiency.

This consultation is seeking your views on these proposals. You can write to the Trust, or use the Consultation Proforma Form (at the back of this document). Public meetings about these proposals are also planned and dates are included in this document and in local papers. Documents are available on the Trust web site or by contacting the Trusts Equality Unit. The closing date for the consultation is 6 March 2009.

Introduction

The purpose of this document is to seek views on the Northern Health and Social Care Trust’s proposed reform and modernisation of Children’s Services.

Statutory Context Section 75 NI Act 1998

Section 75 of the Northern Ireland Act 1998 requires each public authority, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

Without prejudice to its obligations above, the public authority must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

The Equality Commission for Northern Ireland (ECNI) approved the Trust’s Equality Scheme in June 2001. The Scheme outlines how the Trust proposes to fulfil its statutory duties under Section 75. Following approval of the Scheme, existing policies were screened to assess impact on the promotion of equality of opportunity or the duty to promote good relations using the following criteria:

- Is there any evidence of higher or lower participation or uptake by different groups?
- Is there any evidence that different groups have different needs, experiences, issues and priorities in relation to the particular policy issue?
- Is there an opportunity to promote equality of opportunity between the relevant different groups, either by altering the policy, or by working with others in government or in the larger community, in the context of the policy?
- Have consultations with relevant groups, organisations or individuals indicated that policies of that type create problems specific to any relevant group?

Further, the Trust gave a commitment to apply the above screening methodology to all new and revised policies as an integral part of the development process and where necessary and appropriate to subject new policies to further equality impact assessment.

The Trust is committed to the promotion of human rights in all aspects of its work. The Human Rights Act gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted so far as is possible in a way which is compatible with the Convention Rights. It is unlawful for a public authority to act incompatibly with the Convention Rights. The Trust will make sure that respect for human rights is at the core of its day to day work and is reflected in its decision making process.

Comprehensive Spending Review

In January 2008, the Trust received notification from the Department of Health, Social Services and Public Safety (DHSSPS) of the investment funds expected in services in the Northern Board area over the period 2008-2011 and the requirement to deliver cash releasing efficiency savings of £44m over the same period. The 2008-2011 Comprehensive Spending Review (CSR) Cash Releasing requirement will represent the greatest financial challenge in the history of the Northern Ireland Health and Personal Social Services. The Northern Health and Social Care Trust has responded to this challenge and has identified, through a process of reviewing all aspects of its organisation and services, proposals to achieve the required savings. Underpinning the overall approach will be a culture of financial stability and respect for financial control, whilst keeping the patient/client at the centre of all we do.

The Trust identified proposals across its service areas that it considered would, if implemented, contribute to achieving the required savings over the three year period. Many of these proposals were not driven by achieving savings but were in keeping with the aims of health and social care to support people to live independently, at home, avoiding the need for hospitalisation and institutional care where possible. In achieving these aims there is also potential for improved efficiency. These proposals are draft and decisions have not been made. The Trust has equality screened all the proposals and indicated where a full equality impact assessment (EQIA) would be carried out. The Trust has produced and consulted on an overarching Equality Impact Assessment (EQIA) which details the outcomes of the screening process. The views of a wide range of stakeholders were sought during the consultation of the overarching EQIA.

This consultation document sets out the full Equality Impact Assessment on the reform and modernisation of the Trust’s Women’s and Children’s Services. This EQIA has been conducted to ensure that the Trust fulfils its Section 75 equality obligations and will determine any equality implications for those directly affected by the proposals.

This report has been made available as part of the Formal Consultation stage of the EQIA on reform and modernisation of the Trust’s Women’s and Children’s Services. The Trust welcomes your views on:

- this EQIA,
- data sources relied upon, and
- mitigation measures that have been identified for those directly affected by these proposals.

A copy of this EQIA report is available on the Trust’s website at <http://www.northerntrust.hscni.net>.

If you have any queries about this document, and its availability in alternative formats (including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English) then please contact:

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Deadline for comments will be 6 March 2009.

To facilitate comments please see Appendix 2– Consultation Proforma. Following consultation a summary report will be made available.

In compliance with the legislation, when making any final decision the Trust will take into account this equality impact assessment and the feedback received from any consultation carried out in relation to these proposals.

Background to the Proposals

The Women’s and Children’s Services Directorate is responsible for the delivery of a comprehensive range of primary, secondary and community care services for women, children, young people and families.

The vision for the future provision of personal social services for children and young people is outlined in the strategy document “Care Matters in Northern Ireland – A Bridge to a Better Future” and a regional and local programme of reform and modernisation is underway in children’s services, shaped around this vision.

The strategic direction for children’s services includes:

- focus on family support and safeguarding children.
- achieving greater stability and permanence for children in care – primarily through long-term foster care, returning children home or through adoption.
- improving outcomes for children in or leaving care.

The priority to provide appropriate support for families and protection for children and young people at risk has led to a refocus of Social Work teams into specialist functions that will ensure:-

- Family support and early intervention services are strengthened
- Extended foster care so that more care can be provided outside residential homes
- Outreach services are developed
- Transition arrangements are improved for young people leaving the care system

Early intervention is vital to reduce the number of situations where family breakdown occurs, and children are admitted to care. Where formal care arrangements are needed, emphasis is placed on securing alternatives within wider family networks as a first priority with foster/family based care the next best alternative. It is acknowledged that residential placement will best meet the needs of some children. However placement in a family environment is the most suitable option for the majority of children.

There are currently seven mainstream children’s homes in the Northern Health and Social Care Trust area:

- Ballee, Ballymena
- Dhu Varren, Portrush
- Ardrath House, Magherafelt
- Barn Court, Carrickfergus
- Princes Gardens, Larne
- Carnview, Newtownabbey
- Linden services, Newtownabbey

Six of these homes are directly managed by the Trust and one is operated by an independent voluntary sector organisation (Extern). The Trust is currently in the process of replacing Carnview with a new six bed unit at Springfarm in Antrim. The new facility is currently under construction. The Trust has also submitted a business case for the replacement of Ballee with the new intensive support unit which will replace the existing property in Ballymena.

The strategic direction of children’s services has also led to the review of the profile of residential care services as part of the wider modernisation and reform agenda. Whilst residential care will still meet the needs of some children, the Trust wishes to place the majority of children requiring care in family environments through a greater range of foster care options with family support services and the additional establishment of intensively supported foster homes for those children who will require a more specialist service.

In relation to respite care, the Trust has two statutory homes, White Haven in Whitehead (providing 8 respite places) and Cherry Lodge in Randalstown (providing up to 3 respite places). In addition the Trust contracts with an Independent Provider for 4 respite places at Rainbow Lodge in Ballymena. It is proposed to replace Cherry Lodge with 12 specialised salaried carers to provide family based respite. This proposal has come about not least because of the physical condition of Cherry Lodge. The advantage of community based respite means that respite can be provided closer to home, young people can still have their regular daily routine, for example going to school or day care, and it can be more flexible for families over weekends and holiday periods (i.e is not restricted as in the same way as a limited number of unit based respite places). Salaried carers would be subject to the same regulation and supervision as Trust staff involved in childcare services and strict conditions would apply for providing respite in their homes.

The Trust has developed a number of proposals to reform and modernise children’s services. These proposals are aligned with the strategic direction of children’s services.

Aim of proposals

To reform and modernise children's services so that all children get the best possible start in life, through the development of strong, professional and linked services. This reform will place the child at the centre of service provision and prepare us to cope with the challenges of children's lives in the 21st century.

Strategic Context

The strategic direction for Children’s Services is laid down in a number of key strategic documents notably:

- Regional Strategy ‘A Healthier Future (2005–2025)’
- Bamford Review
- 10-year Strategy for Children and Young People in Northern Ireland 2006-16
- Children’s Matters Task Force – DHSSPS
- DHSSPS Priorities for Action 2008-09
- Care Matters – DHSSPS Recommended Standards of Care for Children
- Regional Child Protection Standards (Sept 2008)
- Investing for Health Strategy 2002
- A Healthier Future – A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005 – 2025
- Our Children and Young People – Our shared Responsibility – SSI Overview Report – December 2006

The Office of the First and Deputy First Minister, 10 Year Strategy for Children and Young People in Northern Ireland 2006 – 2016, ‘Our Children and Young People Our Pledge’ pledges to deliver improved outcomes for children and young people, and to ensure that all future policies developed and services offered to and accessed by children and young people are based on identified need and on evidence about what works.

The values and philosophy of the 10 year strategy are:

- Respect the rights of children and young people
- Adopt a child centred approach which is rooted in child development
- Build on the strengths of the family
- Involve children young people and their carers in the assessment of their needs
- Apply evidence and knowledge based approaches
- Emphasis that assessment is a continuing process and not an event
- Promote inter-agency involvement
- Base decisions on shared values.

Review of Mainstream Residential Care for Children

The Review of Mainstream Residential Care for Children includes the following two Trust proposals.

- The renegotiation of the Linden Contract
- The reprioritisation of investment in Princes Gardens

In 1999 an assessment of need was completed by the Northern Health and Social Service Board. Since that time there have been a number of developments within childcare outlined below.

The vision for the future provision of personal social services for children and young people is outlined in the strategy document “Care Matters in Northern Ireland – A Bridge to a Better Future” and a regional and local programme of reform and modernisation is underway in children’s services, shaped around this vision.

The Children Matter task force in 2000 identified the need to establish a clear set of principles to underpin development within the residential sector. These principles continue to be the key statements underpinning residential childcare policy. The residential childcare model identified by the Children Matter report identifies ‘sub regional specialist provision’, recent developments have included the establishment of Intensive Support units. These provide a safe environment to more challenging and emotionally traumatised children. These homes are small scale in nature, have access to psychological and psychiatric support and have the capacity to meet the children’s educational needs.

The Women’s and Children’s Services Directorate within the Northern Health and Social Care Trust is responsible for the delivery of a comprehensive range of primary, secondary and community care services for women, children young people and families.

The strategic direction for children’s services includes:

- Focus on family support and safeguarding
- Achieving greater stability and permanence for children in care – primarily through long-term foster care, returning children home or through adoption.
- Improving outcomes for children in or leaving care.

The priority to provide appropriate support for families and protection for children and young people at risk has led to a refocus of Social Work teams into specialist functions that will ensure:

- Early and thorough assessment at the point of contact/referral (Gateway Teams)
- Family support and early intervention services are strengthened
- Extended foster care so that more care can be provided outside residential homes
- Outreach services are developed
- Transition arrangements are improved for young people leaving the care system.

Early intervention is vital to reduce the number of situations where family breakdown occurs, and children are admitted to care. Where formal care arrangements are needed, emphasis is placed on securing alternatives within wider family networks as a first priority (Family Group Conferencing) with foster/family based care the next best alternative. It is acknowledged that residential placement will best meet the needs of some children.

The Trust wishes to place the majority of children requiring care in family environments through a greater range of foster care options.

The profile of mainstream residential provision in 2008 was as follows:

- Dhu Varren – 8 bedded unit in Portrush
- Ardrath – 8 bedded unit in Magherafelt
- Princes Gardens – 8 bedded unit in Larne
- Ballee – subject of business case
- Carnview – 8 bedded unit in Newtownabbey
- Barncourt – 8 bedded unit for young people aged 8 – 12 years
- Linden Services, Newtownabbey

Six of these homes are directly managed by the Trust and one, Linden Services, is operated by an independent voluntary sector organisation (Extern). None of these units are staffed or designed to meet the complex needs of children with challenging behaviour. However, the Trust has recently submitted a business case for the replacement of Ballee with the new Intensive Support Unit adjacent to the existing property in Ballymena. The Trust is currently replacing Carnview with a newly built 8-bedded unit in Antrim (Springfarm),

The Trust continues to access the regional secure accommodation facility in Lakewood.

Under the Programme for Government, additional resources have been made available to support the objective to reduce the number of children in residential care by 10%. Residential Care is only one element of the service relating to Looked After Children.

These proposals are entirely in keeping with the vision for the future provision of services for vulnerable children as outlined in the consultation strategy document “Care Matters in Northern Ireland – A Bridge to a Better Future”.

Early intervention, clear pathways through assessment and care, plus community/family based care provision are part of the ethos that all Trusts are expected to adopt. This document and recent Departmental funding has led to an extensive re-structuring of services offered to children and families.

As a result of investment in children’s services through the Children and Young People’s Funding package, the Trust has been engaged in a regional and local programme of reform and modernisation.

The Renegotiation of the Linden Contract

The Trust currently has in place a contract with Extern, a voluntary sector organisation, for the provision of Linden services based in Newtownabbey which services the whole of the Northern Health and Social Care Trust. This includes a 6 bed short term residential unit, a 24/7 service to families in the community and youth support services. The Residential Unit can accommodate up to six children with three places for girls and three for boys. The mix means that there are usually fewer than six children residing at the unit at one time.

The Trust has a block contract with Extern for the provision of these services and has sole nominating and referral rights to the project.

The Linden Service targets:

- young people who are accommodated in residential care and whose behaviour is likely to place them at risk of offending;
- young people in foster care for whom offending is a significant feature of their lives; and
- young people who are returning to the community after a custodial sentence.

The Trust proposes to renegotiate the Linden contract with a view to reprioritising the resources currently committed. The intended outcome is to retain the residential service but to scale back the provision of multi-systemic therapy and the family support service provided by Linden. The Trust has put in place a number of services to provide community support to children and young people living with their parents and it is likely, therefore, that the reprofiling of the outreach service provided by Linden will have a limited impact on the relatively small number of children and families who make use of this service each year.

During discussion with Extern, the Trust will carry out a full assessment of the potential impact on the Section 75 groups. Results of this assessment will be published at the end of the second stage of consultation.

The Reprioritisation of Investment in Princes Gardens

The Trust proposes that the residential care services provided for eight children in Princes Gardens, Larne would be replaced by salaried foster carers and support workers to provide enhanced support to the salaried foster carers and respite options as part of the support package to carers.

Princes Garden’s Children’s Unit is the oldest of the six buildings currently used for the purpose of accommodating children and young people.

The physical condition and environment of the building used at Princes Gardens is poor and will require significant capital investment/modernisation to meet all the relevant standards in the near future.

There is currently a need to undertake a considerable renovation programme at Princes Gardens. Showering and bathroom facilities are inadequate (a point highlighted by recent Regulation Quality Improvement Authority inspections), the kitchen needs replacing and the décor, both inside and out, falls below an acceptable standard.

All of the other Residential Units in the Trust are purpose built and the two oldest of these Carnview (In Newtownabbey) and Ballee (in Ballymena) are planned for replacement in early 2009 and 2010/11 respectively. This re-building programme will serve to further emphasize Princes Gardens age and unsuitability as a modern, fit- for-purpose Children’s Unit.

Locality is another factor in marking Princes Gardens as the most suitable children’s home for closure. The spread of Units in the Trust is very much concentrated in the South East, with three between Newtownabbey, Larne and Carrickfergus. Losing one of these homes will not significantly affect the residential catchment or “footprint” across the Trust.

While the unit is registered with RQIA, it is not seen as being “fit for purpose” as a 21st century Children’s home. The building requires significant investment to meet and maintain current standards for children who require residential care provision.

The current population of children in the Larne District Council area based on 2007 Mid Year Estimates will drop by 4.53% by 2012 and to 5.1% by 2013.

Consideration of Available Data and Research Data Sources

The Trust has relied on the following quantitative and qualitative information when considering the equality implications of this proposal.

- Programme for Government (PFG) 2008/11
- DHSSPS Priorities for Action (PFA) 2008-09
- Northern Ireland Statistics and Research Agency(NISRA)
- Northern Ireland Health and Personal Social Services Workforce Census 2006
- The Equal Opportunities Commission for Northern Ireland (EOCNI) Cost of Caring Report 1993
- Regional Strategy ‘A Healthier Future (2005-2025)
- Investing for Health Strategy 2002
- 2001 Census of Population (Northern Ireland)
- Northern Ireland Health and Personal Social Services Workforce Census 2006
- Statement of Key Inequalities, Equality Commission for Northern Ireland
- NHSSB Health and Wellbeing Investment Plan (HWIP)
- Trust Board Monthly Performance Report
- Bamford Review
- 10-year Strategy for Children and Young People in Northern Ireland 2006-16
- Children’s Matters Task Force – DHSSPS
- Care Matters – DHSSPS Recommended Standards of Care for Children
- Regional Child Protection Standards (Sept 2008)
- Our Children and Young People – Our shared Responsibility – SSI Overview Report – December 2006
- 10 Year Strategy for Children and Young People in Northern Ireland 2006 – 2016, ‘Our Children and Young People Our Pledge’
- NHSCT Strategic Response to the Comprehensive Spending Review 2008-2011
- NHSCT Trust Delivery Plan
- Estate Condition Reports
- Available data in respect of the Section 75 groupings for current service users and staff.

This list is not exhaustive.

Profile of Young People in Mainstream Residential Homes by Section 75 Groups

Section 75 Group		Dhu Varren	Ardrath	Ballee	Carnview	Barncourt	Princes Gardens	Average Across all Homes	Average Across home affected	Average Across remaining Homes
Gender	Female	80%	0	100%	100%	57%	50%	64.5%	50%	67.4%
	Male	20%	100%	0	0	43%	50%	35.5%	50%	32.6%
Religion	Roman Catholic	20%	0	16.6%	60%	14%	0	18.4%	0	22.1%
	Protestant	80%	100%	83.4%	40%	72%	100%	79.2%	100%	75.1%
	Other					14%		2.4%	0	2.8%
Age	0-5	0	0	0	0	0	0	0	0	0
	6-10	0	0	0	0	28%	0	4.7%	0	5.6%
	11-16	60%	100%	83.4	80%	58%	75%	76.0%	75%	76.3%
	17+	40%	0	16.6	20%	14%	25%	19.3%	25%	18.1%
Dependant Status	Not collected									
Disability	Yes	20%	0	16.6	0	14%	0	8.4%	0	10.1%
	No	80%	100%	83.4	100%	86%	100%	91.6%	100%	89.9%
	Unknown									
Ethnicity	Indian									
	Mixed Ethnic									
	White	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Black African									
	Not Known									
	Any Other									
Sexual Orientation	Possibly one in 10 of NI workforce LGB – data source Rainbow Project July, 2008									

Assessment of Impact on Current Service Users by Section 75 Equality Groups

With regard to the information gathered in respect of the 9 equality categories, the Trust has noted the following in relation to the current users of mainstream residential homes for children and young people.

Gender

The current gender profile of young people in Princes Gardens is 50% female and 50% male which is not reflective of provision across the Trust area. The current profile across all the Trust’s mainstream residential homes for children and young people is 64.5% female and 35.5% male. The profile across the remaining homes will be 67.4% and 32.6% male. The Trust will ensure that all future care options will meet the young people’s individual needs.

Persons of different age

The age profile of the young people in Princes Gardens is in keeping with the overall average age profile of the Trust’s mainstream residential homes for children and young people. Princes Gardens Children’s Home provides residential accommodation for up to eight children over 11 years of age. The salaried foster carers will provide for the needs of the same age group. There is no evidence to suggest that the proposal will have an adverse impact on the basis of age.

Persons with or without a disability

There are currently no young people in Princess Gardens who have a disability. Princes Gardens Children’s Home is not adapted to provide accommodation to a child with either a physical or learning disability. The salaried foster carers will be able to accommodate children with the same range of physical and emotional needs as those who currently reside in Princes Gardens. Therefore there will be no adverse impact on the basis of disability.

Persons of different marital status

All young people in the Trust’s mainstream residential homes for children and young people are single.

Persons of different religious belief

100% of young people in Princess Gardens are Protestant. Across all of the Trust’s residential homes for children and young people 79.2% is Protestant and 18.4% is Roman Catholic. The Trust’s residential homes for children and young people provide a neutral environment where children from differing

religious backgrounds are cared for together. Foster Carers may be recruited from any religious background, including those who have no religious affiliations. Foster Carers are expected to respect the particular religious affiliation of the child they are looking after and to make the necessary arrangements for the child to practice his/her religious beliefs. The planned closure of Princes Gardens Children’s Home, in favour of the recruitment of salaried foster carers, will not have any adverse impact on children from any religious grouping.

Persons with/without dependants

This information is not routinely collected by the Trust.

Persons of different political opinion

The Trust does not collect information on political opinion. Proxy information, such as religious affiliation is accepted as a reasonable indication of a person’s political opinion. Therefore, as stated above, the planned closure of Princes Gardens Children’s Home, in favour of the recruitment of salaried foster carers, will not have an impact on the grounds of the children and young people’s political opinion.

Persons of a different racial group

All young people in the Trust’s mainstream residential homes for children and young people are white. There is no evidence to suggest that this proposal will have an impact on the children and young people on the grounds of their racial background.

Persons of different sexual orientation

While no direct information is gathered on sexual orientation research would indicate that 10% of the population is lesbian, gay or bisexual.

Foster Carers will be supported by qualified Social Workers in dealing with issues of sexual identity in teenage children and there is no evidence to suggest that this proposal will have an adverse impact for children and young people of differing sexual orientation.

Mitigation of Impact on Current Service Users

The Trust’s proposals are framed within the context of a number of strategic drivers directing the provision of health and social care in Northern Ireland.

In part the Trust is in the process of reconfiguring Child Care Social Work teams into specialist functions that will ensure: -

- Early and thorough assessment at the point of contact/referral.
- Family support and intervention services are strengthened
- Increased numbers of Foster Carers across the Trust as a whole so that more children can be offered a family based placement
- Recruitment of salaried foster carers for older children and young people in residential care
- Intensive support for carers when required in challenging situations
- Outreach services are developed to prevent and divert unnecessary admissions into care and to support current placements

One of the outcomes of such a focus on earlier intervention will be to reduce the number of children admitted into care. Also, where children’s assessed needs require alternative living arrangements outside the immediate family, emphasis is placed on securing alternatives within wider family networks as a first priority with foster care the next best alternative.

In line with this there will be a reduction in the number of required residential places for children and the development of a range of suitable alternative options (including salaried foster carers) offering more choice across the wider Trust geographical area.

These factors will ultimately change the profile and number of children whose needs are best met within residential care. It also challenges the range and purpose of the Trust’s existing provision in this respect.

It is acknowledged that residential placement will still best meet the needs of some children. However, in seeking to place the majority of children in family environments the Trust is developing a strategy to increase the range, level and scope of foster care provision. This will, as described above, include intensively supported foster homes for those children whose behavioural difficulties would have traditionally led them to be in residential care.

The Trust has therefore been undertaking a reconfiguration of Foster Care as part of the modernisation process and is engaged in recruiting “fee-paid”, supported Foster Carers for children with difficult behaviour.

In the financial years 2006 – 2008 the Children’s and Young Person’s Funding Package invested approximately £1million in fostering services for the Northern Trust.

A great deal of effort has gone into the marketing and recruitment of foster carers, money has also been invested in providing a “fee paid” foster care system coupled with comprehensive supports. To date the Trust has been able to use the new funding to provide:

- Additional Foster Care Link Workers
- Foster Care Social Work Assistants
- Specialist Placement Support Workers (Senior Practitioners)
- A 24/7 Telephone Help-line (regionally established)
- Additional “fee-paid” Foster Carers.
- A dedicated Foster Care Training Coordinator
- A Trust wide dedicated Recruitment and Initial Assessment Foster Team

The introduction of the Principal Practitioner Grade and enhanced psychology support has also increased our ability to support complex placements.

The Trust established an Outreach Team in 2006. Part of its role is to support children in the community, to strengthen their resilience and to allow them to remain at home and avoid unnecessary admissions to care.

As part of its permanence arrangements, the Trust has had a strong Kinship Care Policy with the aim of ensuring that younger children will not remain in the public care system for any longer than is necessary. In the context of all of these developments, the Trust is confident it will be able to meet the needs of Looked after Children.

The Trust is committed to the promotion of human rights in all aspects of its work. The Human Rights Act gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted so far as is possible in a way which is compatible with the Convention Rights. It is unlawful for a public authority to act incompatibly with the Convention Rights. The Trust will ensure that respect for human rights is integral to the implementation of these proposals.

In the event that the Trust accepts the proposal to close Princes Gardens and to replace it with salaried foster carers, it will undertake an individual needs assessment of each child still living in Princes Gardens to make sure that a suitable alternative placement is identified that is in the child’s best interests. The Trust will employ the help and support of Voices of Young People in Care (VOYPIC), an independent agency that represents the interests of children in care, to act as an independent arbiter with each child and with his or her social worker. This will ensure that the child’s view is taken fully into consideration when making decisions regarding the suitability of alternative placement options.

Profile of Current Staffing by Section 75 Groups

SECTION 75 GROUP		Workforce Profile As At 1 January 2008	Workforce Profile of Princes Gardens
Gender	Female	87%	65.4%
	Male	13%	34.6%
Religion	Protestant	59%	80.8%
	Roman Catholic	34.6%	7.7%
	Not known	6.4%	11.5%
Political Opinion	Not Collected		
Age	16-24	6.8%	3.8%
	25-34	20.3%	15.4%
	35-44	30.4%	15.4%
	45-54	28.9%	42.3%
	55-64	12.8%	23.1%
	65+	0.8%	0%
	Not Known	0%
Marital Status	Single	23.5%	26.9%
	Married	70.7%	65.4%
	Other/Not known	5.8%	7.7%
Dependent Status	Not Collected		
Disability	Yes	0.9%	0%
	No	79.0%	88.5%
	Not known	20.1%	11.5%
Ethnicity	Black African	0.07%	0%
	Bangladeshi	0.01%	0%
	Black Caribbean	0.02%	0%
	Chinese	0.03%	0%
	Indian	0.82%	0%
	Irish Traveller	0.02%	0%
	Pakistani	0.07%	0%
	Mixed Ethnic	0.11%	0%
	Filipino	0.08%	0%
	White	65.41%	69.2%
	Other/Not known	33.35%	30.8%
Sexual Orientation	Possibly one in 10 of NI workforce LGB – data source Rainbow Project July 2008		

Religious Composition of Northern Area Population – Local District Government Area

	Local District Government Area									
	Antrim	Ballymena	Magherafelt	Cookstown	Larne	Carrickfergus	Newtownabbey	Coleraine	Ballymoney	Moyle
Protestant	40.85%	58.95%	25.73%	32.4%	55.05%	60.0%	56.02%	54.38%	50.98%	31.72%
Roman Catholic	35.1%	18.96%	61.52%	55.18%	22.25%	6.46%	17.09%	24.14%	29.55%	56.61%
Other	6.69%	9.07%	6.44%	5.66%	6.91%	10.69%	8.80%	6.41%	8.21%	2.22%
Not known	17.26%	13.04%	6.31%	6.77%	15.79%	22.84%	18.09%	15.06%	11.26%	9.45%

Source: NISRA 2001 Census figures

Assessment of Impact on Current Staff by Section 75 Equality Groups

With regard to the information gathered above, the Trust has noted the following in relation to the current Trust staff and staff in Princes Gardens.

Gender

The gender profile of staff employed in Princes Gardens is 65.4% female and 34.6% male. This compares with an overall NHSCOT profile of 87% female and 13% male. Historically the gender profile within health and social care is predominantly female. The Trust will consider mitigating measures for staff directly affected in line with the Trust’s CSR Human Resource Strategy (Appendix 1).

Persons of different age

The largest percentage (46.6%) of staff in Princes Gardens falls within the 45 – 54 age range. This compares to 28.9% of the NHSCOT workforce in the same age range. 23.1% of staff in Princes Gardens falls within the 55 – 64 age range. Staff within Princes Gardens have a comparatively older age profile compared to the NHSCOT as a whole. The Trust will consider mitigating measures for staff directly affected in line with the Trust’s CSR Human Resource Strategy (Appendix 1).

Persons with or without a disability

None of the staff in Princes Gardens are recorded as having a disability. 0.9% of the NHSCOT workforce has indicated that they have a disability. 20% of the population of Northern Ireland has a recognised disability. The Trust recognises that not all staff may wish to declare a disability. If any of the staff declare themselves as having a disability, reasonable adjustments will be considered in line with related employment policies.

Persons of different marital status

65.4% of the staff in Princes Gardens are married, which is largely reflective of the NHSCOT workforce (70.7%). Research shows that the majority of women who have caring responsibilities tend to be married. The Trust will consider mitigating measures for staff directly affected in line with the Trust’s CSR Human Resource Strategy (Appendix 1).

Persons of different religious belief

80.8% of staff in Princes Gardens are Protestant and 7.7 % are Roman Catholic. It follows that this proposal affects Protestants to a disproportionate degree but in terms of the Trust’s overall staff profile this change will have little

impact. The Trust will consider mitigating measures for staff directly affected in line with the Trust’s CSR Human Resource Strategy (Appendix 1).

Persons with/without dependants

The Trust does not routinely record information on the dependant status of staff. As already stated 65.4% of the staff in Princes Gardens are female. As evidenced in research, women still have the main caring responsibility for children, young people and dependant adults. The Trust recognises that any change in place of employment can have an impact on women. The Trust has in place a range of flexible working arrangements in recognition of the number of female employees who may have caring responsibilities.

Persons of different political opinion

The Trust does not record the political opinion of staff. Analysis of voting patterns does however suggest that political opinion is often linked to religion. As stated above, 80.8% of staff in Princes Gardens are Protestant and 7.7 % are Roman Catholic. The Trust will consider mitigating measures for staff directly affected in line with the Trust’s CSR Human Resource Strategy (Appendix 1).

Persons of a different racial group

69.2% of staff in Princes Gardens declared themselves as white. This compares to 65.41% of Trust staff overall declaring themselves as white. It is important to note that 30.8% of staff in Princes Gardens and 33.35% of Trust staff overall were either other or not known. There is no evidence to suggest that there would be any adverse impact on any individuals because of their racial background.

Persons of different sexual orientation

While no direct information is gathered on sexual orientation research would indicate that 10% of the population is lesbian, gay or bisexual.

There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.

Mitigation of Impact on Current Staff

These proposals will primarily impact on staff within Princes Gardens. The staff in Linden are employed by Extern.

Where possible, staff will be offered a choice of posts within the Women’s and Children’s Directorate. The Trust will make sure that each employee is able to make known their individual preference with regard to offers of suitable alternative employment. The Trust will do all that is possible and practicable to assist displaced staff to find suitable alternative employment.

A communication strategy will be devised to ensure staff are kept fully informed of any proposed action and developments. This proposal may impact on staff in terms of relocation to a new work site, reduction in the overall numbers of posts and redeployment to a different post and a new role. The Trust will work in partnership with Staffside to assess the impact on staff and to put robust mitigating measures in place.

The Northern Trust’s CSR Human Resource Strategy and Action Plan (Appendix 1) provides a robust and transparent process for decisions relating to staff.

Replace the Service Provided in Cherry Lodge Residential Facility with 12 Specialist Salaried Carers

The Trust currently has two residential respite facilities offering short-term care for children with complex disabilities and commissions residential respite places in a third facility operated by the independent sector. Currently approximately 90 children with a range of physical and learning disabilities utilise these services.

- Whitehaven is an eight-bedded unit in Whitehead.
- Cherry Lodge is a three bedded Respite Unit located in Randalstown. This facility was previously managed by Barnardos (NI), but the NHST assumed responsibility for the management of the facility in 2007
- Rainbow Lodge is an eight place purpose built residential facility, including four respite beds, operated by Praxis in Ballymena.

In addition the following complementary services support children with disabilities and their families -

- Approximately 160 respite carers provide family based support for children with a range of disabilities
- Provision of direct payments to a small number of families with children with a disability.
- The Children’s Nursing Service provide a home/school carers service for children with complex health needs and physical disabilities.
- On an annual basis the Trust supports summer schemes for children with disabilities.
- The Trust currently commissions a family support service for approximately 10 children with complex health needs from Barnardos (NI)
- The Trust has a contract with Crossroads to provide domiciliary care for a range of children, including those with complex health needs, physical disabilities and sensory impairment.
- The Trust works in partnership with the Children’s Hospice to provide care and support to children with palliative care needs and life limited conditions.

Cherry Lodge is a very small unit (3 beds) with significant associated financial overheads. It is not a purpose built building and has serious space and design limitations which despite significant investment over recent years will require further capital investment to meet governance requirements. In addition the geographical location restricts accessibility to children and families across the Northern Trust area.

The Trust proposes to replace the service provided in Cherry Lodge Residential Facility with 12 specialist salaried carers to extend the family

based respite scheme. The proposal will affect 24 children with a mixture of physical and learning disabilities. A Trust support team and additional respite cover will be required to complement and enhance the service provided by the salaried foster carers.

The Trust recognises that the nursing, emotional and dependency needs of the children who use Cherry Lodge are significant and the Trust will need to attract a suitable recruitment pool of trained and highly motivated personnel to provide specialist placements for these children. The Trust accepts that this will take some time to put in place and there will be a lead in phase when the new service is being developed, when Cherry Lodge will still remain open.

The Trust is mindful that there will always be a small number of children who, because of their complexities, cannot be accommodated within foster settings. The care needs of these children will be assessed on a child specific basis. This may result in some of these children requiring to be redirected to alternative residential facilities including, for example, Whitehaven.

Consideration of Available Data and Research Data Sources

The Trust has relied on the following quantitative and qualitative information when considering the equality implications of this proposal.

- Programme for Government (PFG) 2008/11
- DHSSPS Priorities for Action (PFA) 2008-09
- Northern Ireland Statistics and Research Agency(NISRA)
- Northern Ireland Health and Personal Social Services Workforce Census 2006
- The Equal Opportunities Commission for Northern Ireland (EOCNI) Cost of Caring Report 1993
- Regional Strategy ‘A Healthier Future (2005-2025)
- Investing for Health Strategy 2002
- 2001 Census of Population (Northern Ireland)
- Northern Ireland Health and Personal Social Services Workforce Census 2006
- Statement of Key Inequalities, Equality Commission for Northern Ireland
- NHSSB Health and Wellbeing Investment Plan (HWIP)
- Trust Board Monthly Performance Report
- Bamford Review
- 10-year Strategy for Children and Young People in Northern Ireland 2006-16
- Children’s Matters Task Force – DHSSPS
- Care Matters – DHSSPS Recommended Standards of Care for Children
- Regional Child Protection Standards (Sept 2008)

- Our Children and Young People – Our shared Responsibility – SSI Overview Report – December 2006
- 10 Year Strategy for Children and Young People in Northern Ireland 2006 – 2016, ‘Our Children and Young People Our Pledge’
- NHSCT Strategic Response to the Comprehensive Spending Review 2008-2011
- NHSCT Trust Delivery Plan
- Estate Condition Reports
- Available data in respect of the Section 75 groupings for current service users and staff.

This list is not exhaustive.

Profile of Young People Receiving Residential Respite Services – in October 2008

Section 75 Group	%	Whitehaven	Hospice	Cherry Lodge	Average Across Existing Services	Average Across Remaining Services
Gender	Female	34%	38.5%	38.5%	37%	36.25%
	Male	66%	61.5%	61.5%	63%	63.75
Religion	Roman Catholic	17%	30.8%	53.8%	33.9%	23.9%
	Protestant	83%	0%	38.5%	40.5%	41.5%
	Other	0%	69.2%	7.7%	25.6%	34.6%
Age	0-5	0%	30.8%	0%	10.3%	15.4%
	6-10	24.4%	30.8%	30.8%	28.7%	27.6%
	11-16	68.3%	23%	46.2%	45.8%	45.65%
	17+	7.3%	15.4%	23%	15.2%	44.2%

The above table illustrates a snapshot of children and young people admitted for respite during October 2008.

Assessment of Impact on Current Service Users by Section 75 Equality Groups

With regard to the information gathered in respect of the 9 equality categories, the Trust has noted the following in relation to the current users of Cherry Lodge Residential Facility.

Gender

The gender profile of young people using Cherry Lodge for respite services is 38.5% female and 61.5% male which is reflective of the gender profile of those using all current residential respite services. Salaried foster carers will offer respite accommodation to both males and females so there will be no adverse impact on the basis of gender.

Persons of different age

The majority of children and young people (46.2%) using Cherry Lodge for respite services is within the 11-16 age band. This is reflective of the average across existing services. Salaried foster carers will be able to accommodate children for respite across a wide age range. It would be anticipated that some foster carers will be able to accommodate the same child for respite provision for as long as the child requires the service or until he / she attains the age of majority.

Persons with or without a disability

All the children affected by this proposal have a disability and their specific needs and requirements will be taken fully into account when matching the child with a foster carer. The Trust will make sure that as far as possible the needs of each child is fully assessed and that any special requirements, for example waking night cover and / or assistance with peg feeding are identified. Specific provision will be made within the replacement scheme to provide training to individual foster carers and or to provide additional support through the deployment of trained care assistants.

Persons of different marital status

All of the children and young people who use the Trust’s residential respite services are single.

Persons of different religious belief

53.8% of children and young people using Cherry Lodge are Roman Catholic with 38.5% Protestant. The Trust’s residential respite services provide a neutral environment where children from differing religious backgrounds are cared for together. Foster Carers may be recruited from any religious

background, including those who have no religious affiliations. Foster Carers are expected to respect the particular religious affiliation of the child they are looking after and to make the necessary arrangements for the child to practice his/her religion beliefs. There is no evidence to suggest that the planned closure of Cherry Lodge will have any adverse impact on children from any religious grouping.

Persons with/without dependants

This information is not routinely collected by the Trust. The child receiving respite is a dependant and the new scheme will facilitate increased respite provision on a concurrent basis. That is, with 12 salaried foster carers available it will be possible to host up to twelve children for respite on a concurrent basis whereas under the present arrangements the maximum number is three.

Persons of different political opinion

The Trust does not collect information on political opinion. Proxy information, such as religious affiliation is accepted as a reasonable indication of a person’s political opinion. Therefore, as stated above, the planned closure of Cherry Lodge, in favour of the recruitment of salaried foster carers, will not have an impact on the grounds of the children and young people’s political opinion.

Persons of a different racial group

The Trust will ensure that any specific needs in regard to the child’s racial background will be assessed when considering any future care options. There is nothing to suggest that the planned closure of Cherry Lodge, in favour of the recruitment of salaried foster carers, will not have any adverse impact on children from different racial groups.

Persons of different sexual orientation

While no direct information is gathered on sexual orientation research would indicate that 10% of the population is lesbian, gay or bisexual.

There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.

Mitigation of Impact on Current Service Users

The Trust’s proposals are framed within the context of a number of strategic drivers directing the provision of health and social care in Northern Ireland.

Currently the Northern Trust operates two family based respite schemes (Share the Care Respite Scheme, Causeway Legacy Trust and Sharing and Caring Scheme, Homefirst Legacy Trust) for children with disabilities. These schemes provide a range of short break and supportive services to disabled children living in the Trust area. This family based respite care provides regular short breaks with host families to give primary carers a break. It also offers young people new opportunities and new relationships outside their immediate family circle. The Trust intends to review these schemes with a view of extending and developing them in accordance with assessed need.

The Trust is committed to the promotion of human rights in all aspects of its work. The Human Rights Act gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted so far as is possible in a way which is compatible with the Convention Rights. It is unlawful for a public authority to act incompatibly with the Convention Rights. The Trust will ensure that respect for human rights is integral to the implementation of these proposals.

Profile of Current Staffing by Section 75 Groups

SECTION 75 GROUP		Workforce Profile As At 1 January 2008	Workforce Profile As At Cherry Lodge
Gender	Female	87%	100%
	Male	13%	0%
Religion	Protestant	59%	73.3%
	Roman Catholic	34.6%	26.7%
	Not known	6.4%	0%
Political Opinion	Not collected		
Age	16-24	6.8%	6.7%
	25-34	20.3%	46.6%
	35-44	30.4%	33.3%
	45-54	28.9%	6.7%
	55-64	12.8%	6.7%
	65+	0.8%	0%
	Not Known		0%
Marital Status	Single	23.5%	40%
	Married	70.7%	46.7%
	Other/Not known	5.8%	13.3%
Dependent Status			
Disability	Yes	0.9%	0%
	No	79.0%	93.3%
	Not known	20.1%	6.7%
Ethnicity	Black African	0.07%	0%
	Bangladeshi	0.01%	0%
	Black Caribbean	0.02%	0%
	Chinese	0.03%	0%
	Indian	0.82%	0%
	Irish Traveller	0.02%	0%
	Pakistani	0.07%	0%
	Mixed Ethnic	0.11%	0%
	Filipino	0.08%	0%
	White	65.41%	93.3%
	Other/Not known	33.35%	6.7%
Sexual Orientation	Possibly one in 10 of NI workforce LGB – data source Rainbow Project July 2008		

Assessment of Impact on Current Staff by Section 75 Equality Groups

With regard to the information gathered above, the Trust has noted the following in relation to the current Trust staff and staff in Cherry Lodge.

Gender

The gender profile of staff employed in Cherry Lodge 100% female. This compares with an overall NHSCT profile of 87% female and 13% male. Historically the gender profile within health and social care is predominantly female. The Trust will consider mitigating measures for staff directly affected in line with the Trust’s CSR Human Resource Strategy (Appendix 1).

Persons of different age

The largest percentage (46.6%) of staff in Cherry Lodge falls within the 25 – 34 age range. This compares to 20.3% of the NHSCT workforce. Staff within Cherry Lodge have a comparatively young age profile compared to the NHSCT as a whole. The Trust will consider mitigating measures for staff directly affected in line with the Trust’s CSR Human Resource Strategy (Appendix 1).

Persons with or without a disability

None of the staff in Cherry Lodge are recorded as having a disability. 0.9% of the NHSCT workforce has indicated that they have a disability. 20% of the population of Northern Ireland has a recognised disability. The Trust recognises that not all staff may wish to declare a disability. If any of the staff declare themselves as having a disability, reasonable adjustments will be considered in line with related employment policies.

Persons of different marital status

40 % of the staff in Cherry Lodge are single, compared with 23.5% of the NHSCT workforce. This may be related to the younger workforce in Cherry Lodge.

Persons of different religious belief

The religious profile for staff in Cherry Lodge is 73.3% Protestant and 26.7% Roman Catholic. It follows that this proposal affects Protestants to a disproportionate degree but in terms of the Trust’s overall staff profile this change will have little impact. The Trust will consider mitigating measures for staff directly affected in line with the Trust’s CSR Human Resource Strategy (Appendix 1).

Persons with/without dependants

The Trust does not routinely record information on the dependant status of staff. As already stated 100% of the staff in Cherry Lodge are female. As evidenced in research, women still have the main caring responsibility for children, young people and dependant adults. The Trust recognised that any change in place of employment can have an impact on women. The Trust has in place a range of flexible working arrangements in recognition of the number of female employees who may have caring responsibilities.

Persons of different political opinion

The Trust does not record the political opinion of staff. Analysis of voting patterns does however suggest that political opinion is often linked to religion. As stated above, this proposal affects Protestants to a disproportionate degree but in terms of the Trust’s overall staff profile this change will have little impact. The Trust will consider mitigating measures for staff directly affected in line with the Trust’s CSR Human Resource Strategy (Appendix 1).

Persons of a different racial group

93.3% of staff in Cherry Lodge declared themselves as white. There is no evidence to suggest that there would be any adverse impact on any individuals because of their racial background.

Persons of different sexual orientation

While no direct information is gathered on sexual orientation research would indicate that 10% of the population is lesbian, gay or bisexual.

There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.

Mitigation of Impact on Current Staff

These proposals will primarily impact on staff within Cherry Lodge.

Where possible, staff will be offered a choice of posts within the Women’s and Children’s Directorate.

A communication strategy will be devised to ensure staff are kept fully informed of any proposed action and developments. This proposal may impact on staff in terms of relocation to a new work site, reduction in the overall numbers of posts and redeployment to a different post and a new role. The Trust will work in partnership with staff side to assess the impact on staff and to put robust mitigating measures in place.

The Northern Trust’s CSR Human Resource Strategy and Action Plan (Appendix 1) provides a robust and transparent process for decisions relating to staff.

Renegotiation of the Independent Sector Contracts

The Trust’s Women’s and Children’s Services Directorate currently has a budget of approximately £2 million to purchase services from Independent Sector Providers. Services are purchased from the following organisations.

Organisation	Service Provided
Accord	To provide a family counselling service which includes pre-marriage counselling courses, schools programmes, group and individual counselling where couples are experiencing difficulties.
ASBAH	Advice, support and information for children and adults with spina bifida and/or hydrocephalus, parents and carers.
Barnardos NI Division	<p>Young Carers Service - Young carers are children and young people whose life is in some way affected because of the need to take responsibility for the well-being of a parent or relative who is ill, has a disability, a mental health problem or may misuse drugs or alcohol.</p> <p>Leaving Care Service - To meet specialist-housing support needs for 16 to 17 years olds. High support in respect of Grove Road, Ballymena and low support in respect of Hightown Road, Glengormley.</p>
Early Years Organisation (The)	To support local playgroups in maintaining and enhancing service quality. Early years groups in need of advice support and active assistance.
Sense NI	To provide an early intervention nursery for children with complex needs.
Women’s Aid - Ballymena	<p>Ballymena Women’s Refuge – Supported Living</p> <p>To provide refuge, aftercare and outreach provision for vulnerable women and children.</p>

Women’s Aid – Cookstown & Dungannon	Cookstown and Dungannon Women’s Aid – Supported Living To provide refuge, aftercare and outreach provision for vulnerable women and children.
Women’s Aid - Coleraine	Refuge and aftercare for women and children
YMCA	To provide after school club, parenting advice/counselling and a facility for family access.
Family Care Society	To provide an independent counselling service to birth parents and other relatives affected by adoption.
Family Caring Centre	To develop young children in all aspects of their personal and social development and provide a head start in education.
Give and Take/Include Youth	To provide sheltered volunteering placements to improve self-esteem and confidence in vulnerable young people. To promote independent life skills and to improve long-term employment prospects.
Harpur’s Hill Community Early Years Project	Community development programme – early years.
Home Start Antrim District	To provide family support in order to help prevent family breakdown through the use of volunteer befrienders.
Home Start Carrickfergus	To facilitate the provision of support to families under stress or experiencing difficulties.
Homestart Causeway	Provision of support to families under stress with at least 1 child under 5.
Action for Children (formerly known as NCH Northern Ireland)	Larne Parental Support Project aims to improve the social, emotional, educational and health development of children aged 0-4 years living in Larne town, by providing a range of family support services.
Northern Ireland Music Therapy Trust (The)	Music Therapy Service.

<p>NSPCC</p>	<p>Ballymena Family Support Team</p> <p>To provide specialist family support services to vulnerable parents and children, in order to prevent family breakdown or to minimise the length of time children spend in the formal care system.</p> <p>NSPCC – Independent Visitor Service</p>
<p>Praxis Care Group</p>	<p>Young People Leaving Care Befriending Scheme</p> <p>The provision of a Young People Leaving Care Briefing Scheme and those entitled to an after care service</p> <p>Rainbow Lodge (Challenge), Children’s Residential Unit.</p> <p>To provide a range of respite, short term, shared care and longer term care for children and young people with a severe learning disability and severely challenging behaviour in accordance with the statement of purpose.</p>

The Trust proposes to reduce the cost paid to independent sector providers by 9% over the CSR period through improved efficiency. It is intended that with most providers the current level of service can be maintained. The Trust intends to enter into negotiations with the Independent Sector Providers to develop plans for the way forward. It is therefore difficult for the Trust to determine the impact of this proposal at this stage but this matter will continue to be subject to review in relation to our Section 75 obligations.

During discussion with the Independent Sector Providers, the Trust will carry out an assessment of the potential impact on the Section 75 groups. Results of this assessment will be published.

Formal Consultation

The Trust wishes to consult as widely as possible on this proposal and the findings of this EQIA. With this in mind the Trust will consult on this proposal over an eight week period commencing 8 January 2009 and ending 6 March 2009. This consultation process will include the following.

- Press releases will be prepared and submitted to various media outlets.
- Prominent advertisements, inviting the public to comment on this matter will be placed in the local press.
- A letter will be sent to all consultees listed in the Trust’s Equality Scheme to inform them of this consultation process.
- A copy of this report will be posted on the Trust’s website: www.northerntrust.hscni.net and the Trust’s Intranet.
- This report can be made available, on request, in alternative formats including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English.
- Four locality public meetings will be held as follows: (The Trust’s Senior Management Team will be available to provide more information and answer any queries).

Date and Time	Areas Covered	Venue
Monday 2 February 2009 at 7.00 pm	Coleraine, Ballymoney and Moyle	Lecture Theatre, Causeway Hospital
Tuesday 3 February 2009 at 7.00 pm	Carrickfergus, Larne and Newtownabbey	Carrick Room, Clarion Hotel, 75 Belfast Road, Carrickfergus
Monday 9 February 2009 at 7.00 pm	Antrim and Ballymena	Antrim Day Centre, Station Road, Antrim
Tuesday 10 February 2009 at 7.00 pm	Cookstown and Magherafelt	Cookstown Adult Centre Westland Road, Cookstown

- The Chief Executive will inform staff of the consultation process at her annual staff briefings to be held as follows:-

Date	Time	Venue
Thursday 8 January	2.00 pm	McNeill Theatre, Larne Leisure Centre, Larne
Friday 9 January	10.00am	Dodds Room, Town Hall, Carrickfergus
Friday 9 January	Noon	Boardroom, McCaughey House, Whiteabbey Hospital, Newtownabbey
Tuesday 13 January	2.00 pm	Ward 4, Mid Ulster Hospital, Magherafelt
Tuesday 13 January	3.30 pm	Dining Room, Cookstown Adult Centre, Westland Road, Cookstown
Friday 23 January	10.00am	Antrim Day Centre, Station Road, Antrim
Friday 23 January	Noon	Conference Room 1, Training Centre, Braid Valley Hospital, Ballymena
Monday 26 January	Noon	Training Room, Dalriada Hospital, Coleraine Road, Ballycastle
Monday 26 January	3.30 pm	Lecture Theatre, Causeway Hospital, Coleraine
Thursday 5 February	3.00 pm	WS Tweed Room, Robinson Hospital, Ballymoney

- All staff will be informed of the consultation process and how they can access further information.
- A letter will go to all GPs informing them of the consultation process and how they can access further information.

Targeted consultation will include:

- A consultations meeting will be held with carers of children and young people using Cherry Lodge on 15 January 2009.
- VOYPIC will support the children and young people in Princes Gardens throughout the consultation process.
- Meetings will be held with staff in Princes Gardens and Cherry Lodge.
- Consultation with Independent Providers will be carried out through the contract process.

All enquiries regarding this consultation process should be directed to:

Alison Annett
Head of Equality
Route Complex
8e Coleraine Road
Ballymoney
Co Antrim
BT53 6BP

Tel: 028 2766 1377

Fax: 028 2766 1209

Textphone: 028 2766 1377

E-mail: equality.unit@northerntrust.hscni.net

Publication of the Results of this Equality Impact Assessment

The outcomes of this EQIA will be published in the press and results will be posted on the Trust’s website and Intranet.

Monitoring

In keeping with the Equality Commission’s, the Trust will put in place a strategy to monitor the impact of this proposal on the relevant groups.

If as a result of this monitoring, the Trust finds that the impact of this proposal results in a greater adverse impact than predicted, or if the opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will make sure that measures are taken to achieve better outcomes for the equality groups.

Northern Trust CSR Human Resource Strategy

The Northern Trust’s CSR Human Resource Strategy and Action Plan provides a robust and transparent process for decisions relating to staff. The Strategy was screened for Section 75 implications and staffside was fully consulted during its development.

Key principles contained within the strategy are detailed below.

Purpose

The intention of the CSR proposals is to develop a more modern and effective health and social care response that promotes health and social wellbeing, improves services to patients and clients and generates savings to be reinvested in patient and client care.

The purpose of this strategy is to ensure that:

- Any disruption to services to patient and clients is avoided during this period of change.
- Managers and Staff Side work together to ensure that the change is managed consistently across the Trust.
- The change can move at a pace to ensure timely decision-making on the implementation of the changes.
- Service continuity is maintained.
- Managers ensure that staff affected know how the changes will be managed and how this is likely to affect them personally and that they are properly supported through the change process.
- There is an equitable and consistent approach to the treatment of staff.

Principles

The following are the key principles, which all managers must adopt to underpin the management of the proposed CSR changes.

The CSR changes will be taken forward through partnership approaches and in consultation and negotiation with trade unions.

The principles of fairness, dignity and equity of treatment will be applied in the management of people undergoing these change processes. Steps must be taken to ensure that the implementation process in no way conflicts with the

requirements of existing equality and anti-discrimination legislation. It is expected that existing arrangements such as reasonable adjustments for individual staff.

An integrated HR process should be applied, which will be equitable and transparent. This process should also be mindful of the need to move quickly and to continue to deliver a high quality service.

A balance of workforce controls, suitable alternative employment, early retirements and voluntary redundancies may be sufficient to avoid the need for any compulsory redundancies. Every possible effort will be made to avoid compulsory redundancies to keep valuable skills and experience within the Trust and to minimise costs and provide value for money.

Where relocation or redeployment is required then every effort will be made to ensure staff remain as close as is reasonably possible to their current work base, taking account of work/life balance issues. If appropriate, excess travel expenses will be paid.

Appropriate training and re-training opportunities will be provided to assist staff who move to new roles and assume new responsibilities.

All staff will be kept fully informed and supported during these change processes. Communication will be across the service, within affected groups and at individual level.

Preparing for the Changes

The Trust will comply with all relevant employment and equal opportunities legislation when implementing the proposed changes. Any decisions in respect of the identification of at risk staff must be fair and transparent. Procedures will be designed to support equality and ensure that there is no unlawful direct or indirect discrimination against any particular individual or group of employees.

The Trust will ensure that qualitative and quantitative monitoring and data collection systems are in place and will record all the decisions they take during this period which affect the employment of groups and individuals. Screening and equality impact assessments will be carried out when appropriate.

The Trust in partnership with Staff Side will consider how it will minimise any adverse impact resulting from the proposed changes on the workforce.

The Trust will plan the implementation of CSR proposals through a project management approach.

Supporting Staff through the Proposed Changes

All staff should be kept fully informed of developments. There should be support from line managers, Human resources staff and Staff Side to help staff to consider their future options.

The Trust will consider workforce controls including the restriction of permanent vacancies. The Trust will maximise opportunities for the redeployment of existing staff and minimise redundancies.

The use of secondments/project support and other opportunities will be promoted through this period of change. This will give staff the opportunity to test new skills and build alternative career development at this time. Some staff may see these options as alternatives to their current career plan and as opportunities for career development.

Action to Support Staff at Risk

Every possible effort will be made to avoid compulsory redundancies and keep valuable skills and experience within the Trust. It is hoped that a balance of workforce controls, suitable alternative employment, voluntary redundancies and early retirement will be sufficient to avoid the need for any compulsory redundancies.

There is a risk that skills will be depleted post change processes if too many volunteers are allowed to leave the Trust and the Trust must ensure that an appropriate balance of cost and skill retention is reached.

The Trust would plan at the earliest practicable opportunity and in discussion with Staff Side (subject to available funding) to consider voluntary redundancy and early retirement schemes for staff in at risk groups, as it is clear that the number of overall staff will reduce.

The Trust will put in place a range of support mechanisms for individual staff and will include:

- career counselling
- trial periods in appropriate posts
- re-training/re-skilling for new roles
- training in application and interview preparation

The Trust in consultation with Staff Side will ensure that a redeployment system is established.

The Trust will develop a communications strategy to ensure that all staff are kept fully informed of planned actions/developments.

In managing the transition of services (savings and reinvestment) a significant number of staff will be affected by the changes. The Trust will minimise this impact by ensuring that every possible effort is made to retain those staff who wish to remain in the Trust’s employment by re-skilling/re-training and redeploying staff to areas of the Trust where vacancies exist.

A number of staff may be redeployed on an interim basis into temporary positions to cover leave of other staff e.g. maternity and study leave.

Some staff may find that there is not alternative but to redeploy to a position at a lower grade. In such circumstances protection of pay will be afforded.

There will be a number of staff for whom their first preference in the changing environment will be to avail of voluntary early retirement or voluntary redundancy arrangements. The Trust would wish to accommodate such requests funding permitted and also ensuring that scarce skills are not depleted.

Conclusion

The Trust will work with Management, Staff and Staff Side to mitigate any potential adverse effects as a consequence of the implementation of this proposal.

The completion of and consultation on the EQIA is evidence of the Trust’s commitment to ensuring that it actively addresses its equality, human rights, good relations and disability obligations.



Consultation Proforma

The aim of this consultation is to obtain views from stakeholders in Northern Ireland and the Trust would be most grateful if you would respond by completing this proforma. Please answer each question by writing your comments in the space provided. The closing date for this consultation is **Friday 6th March 2009** and we need to receive your completed proforma on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

**Ms Alison Annett,
Head of Equality,
8e Coleraine Road,
Ballymoney,
Co. Antrim,
BT53 6BP.**

Tel: 028 2766 1377

Fax: 028 2766 1209

Textphone: 028 2766 1377

E-mail: equality.unit@northerntrust.hscni.net

Before you submit your response, please read Appendix A at the end of this proforma regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.

Name:	
Position:	
Organisation:	
Address:	

I am responding: *(Please tick)*

▪ as an individual

▪ on behalf of an organisation

My comments are in relation to:

- Reconfiguration of Acute Hospital Services
- Reform and Modernisation of Children’s Services
- Traffic Management at Northern Health and Social Care Trust
- Reprovision of the Trust’s Residential Homes for Older People
- Reconfiguration of Domiciliary Care Services
- Reform and Modernisation of Mental Health Services
- Reform and Modernisation Learning Disability Services

General Comments

Can you identify any additional relevant evidence or information which the Trust should have considered in assessing the equality impacts of these proposals?

Can you identify any other potential adverse impacts with supporting evidence which might occur as a result of these proposals being implemented?

Can you suggest any other mitigating measures to eliminate or minimise any potential adverse impact on the staff concerned?

The Trust is seeking your views on the human rights implications of the proposals and any issues you think relevant.

Thank you for taking the time to respond to this consultation process.

APPENDIX A

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

Trust Response and Freedom of Information Act (2000)

The Northern Health and Social Care Trust will publish an anonymised summary of the responses received to our consultation process. However, under the Freedom of Information Act (FOIA) 2000, particular responses may be disclosed on request, unless an exemption(s) under the legislation applies.

Under the FOIA anyone has right to request access to information held by public authorities; the Northern Trust is such a public body. Trust decisions in relation to the release of information that the Trust holds are governed by various pieces of legislation, and as such the Trust cannot automatically consider responses received as part of any consultation process as exempt. However, confidentiality issues will be carefully considered before any disclosures are made.