

**Equality, Good Relations and Human Rights
SCREENING TEMPLATE**

See [Guidance Notes](#) for further information on the ‘why’ ‘what’ ‘when’, and ‘who’ in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template (follow the links).

As part of the audit trail documentation needs to be made available for all policies as decisions examined for equality and human rights implications.

If you have considered the relevance of the policy or decision and conclude that there is:

“No scope to promote equality of opportunity”

Please complete this statement

*Having considered the aim of this policy (**add name of policy**) I am satisfied that there is no scope to promote equality of opportunity or good relations because:* _____

Name of Policy Lead _____

Signed by Policy Lead _____

Date: ____ / ____ / _____

Return this document to:

Anne McGlade Equality Manager, Business Services Organisation
Email: anne.mcglade@hscni.net Telephone 90535577

The majority of policies or decisions need to be screened using the full template and returned to this same address

Equality, Good Relations and Human Rights SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

**Implementation of the Speech, Language and Communication
Therapy Action Plan: Improving Services for Children and Young People
2011/12 – 2012/13**

1.2 Description of policy or decision

- **What is it trying to achieve? (aims and objectives)**

The aim of the Speech, Language and Communication

Therapy Action Plan: Improving Services for Children and Young People

2011/12 – 2012/13 is that all children and young people, at risk of or presenting with speech, language or communication needs, will be able to benefit from timely support and integrated services that best meet their needs. We recognise the need for Government departments and agencies to work together in a joined-up manner and to put in place real service improvements across community, health and education settings.

This Action Plan will focus mainly on clinical and social care services for children and young people with potential speech, language and communication difficulties.

In this context it will also be cognisant of the difficulties experienced in the transition from childhood to adulthood. The Action Plan will consider the particular needs of children and young people from 0-21 years-transition and children and young people in the Youth Justice System.

Objectives:

The Department's intention is to produce an Action Plan containing SMART objectives: that is Specific, Measurable, Achievable, Realistic and Time Bound.

The

actions are grouped into four themes:

Commissioning and service redesign to maximise outcomes;

Supporting and empowering children, parents and carers;

Enabling HSC staff to promote early recognition, assessment, intervention, treatment, care and support; and

Collaboration between speech and language therapists and teachers and education professionals to enable them to promote early recognition, assessment, intervention and support.

Other issues which are addressed are:

The needs of parents, families and carers;

New commissioning arrangements;

Review of waiting times;

Making full use of existing skill mix;

Mental health needs and other co-morbidities, including Autism Spectrum Disorder;

The needs of children with Acquired Brain Injury;

The needs of children and young people within the Youth Justice System;

and

Integrated models of care which have been positively evaluated.

- **How will this be achieved? (key elements)**

COLLABORATIVE WORKING

Collaborative, integrated working across statutory and voluntary providers (including health and social care, education, criminal justice) is essential within universal and targeted services to secure effective early support, identification and intervention at all stages in the development of children and young people.

THE IMPORTANCE OF PREVENTION AND EARLY INTERVENTION

Essentially a universal service is one where a number of contacts are made with children and families to identify health need, through both screening and surveillance and, where necessary, early intervention to mitigate the potential early negative impact of any physical, social or emotional factors.

Where early intervention is unable to address need, escalation to a more progressive level of intervention should be considered.

In relation to the development of speech and language, parents are supported by health visitors to understand and support the developmental needs of their child (for example through play or reading) as they grow and develop and to identify the normal range at each stage within the preschool years. Whilst formal screening of all children is not recommended for speech and language delay, where there is concern, screening will be undertaken and referral to speech and language therapy services made as appropriate. Speech and Language Therapists work closely with Health Visitors to develop their skills to identify and support those children at risk of speech, language and communication difficulties.

CARE PATHWAY

It has been agreed that there is a need for a generic care pathway to aid health professionals in making decisions about how to manage the care of children and young people who present with speech, language and communication needs. It should be noted that this generic care pathway is intended to be a tool for guidance, and can be modified, added to or adapted for use with different client groups with specific needs.

The care pathway described in this section relates to the child or young person's journey from referral to discharge. It is understood that the speech and language care pathway is embedded in a wider integrated care pathway for all children and young people with speech, language and communication needs. Health Visitors, Early Years workers, teachers and paediatricians all play an important role in the early identification of children with Speech, Language and Communication needs. Currently the Department of Health Social Services and Public Safety is working with Speech and Language Therapists to develop an agreed care pathway model.

TRANSITIONS

It is widely recognised and accepted that the transfer and transition periods are "vulnerable" stages of a young person's development. There are two key stages within a young person's educational process:

Transfer is the transfer to pre-school, from pre-school to primary education, from primary to post primary and moving between different environments;

Transition is the process of moving from post primary to one of the following – Further Education; Higher Education; Training and Employment; Unemployment; and Adult Day Care Services.

The processes of Transfer and Transition can also include the transfer and transitioning between other environments such as residential, supported living and respite services. It is important to ensure that appropriate information on what services are available at Transition is available to parents and young people themselves as part of Transition planning.

Reference Groups were established to drive specific areas of work forward. The Transition Reference Group aimed to develop a regional response to the transition issues faced by young people with complex healthcare. Key issues identified by young people and parents: the implementation of a regional transition care pathway; information and mode of delivery; commissioning (how packages continue); and medical issues.

PRINCIPLES OF BEST PRACTICE

Services should promote equality of opportunity and provide equitable access to effective and efficient Speech and Language Therapy provision for children with speech, language, communication, feeding and swallowing needs.

TRANS-DISCIPLINARY WORKING

A trans-disciplinary approach is an integrated model of working to ensure that the holistic needs of the child are met. Within this model of working the child and his or her needs are placed at the centre of the team. Professional skills and expertise are developed amongst members when adopting this approach and specialist core individual professional skills are enhanced. This subsequently enables therapy aims from other professional groups to be integrated into a child's therapy session through joint goal setting,

NEXT STEPS

The Public Health Agency and the Health and Social Care Board will be responsible for driving the implementation of the Action Plan over its two-year life cycle.

- **what are the key constraints? (for example financial, legislative or other)**

Main constraints-interagency working

1.3 Main stakeholders affected (internal and external)

Main stakeholders include:

Young people with speech, language and communication needs

Parents and Carers

Department of Health Social Services and Public Safety

Department of Education

Health and Social Care Trusts

Speech and Language Therapists

Public Health Agency

Health and Social Care Board

Royal College of Speech and Language Therapy

Northern Ireland Medical and Dental Training Agency

School Nurses

General Medical Practitioners

Health Visitors

Northern Ireland Prison Service

Youth Justice Agency

Education and Library Boards

Northern Ireland Commissioner for Children and Young People

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

The implementation of the Speech, Language and Communication Action Plan is one of the main priorities of the Children's regional Commissioning Service Team (Health and Social Care Board)

Project to redesign how Allied Health Professionals support children with special needs within Special Schools and Mainstream Education (Public Health Agency and Health and Social Care Board)

The Child Health Promotion Programme, delivered within Northern Ireland through Healthy Child, Healthy Future (2010), provides a framework for connecting the range of different policies and spheres of activity that support children and young people's health and development in the early years and beyond (Hall & Ellimann, 2003).

The Public Health Agency recently published Information and Referral Guidance on Speech and Language Therapy for Children, as part of the Healthy Child, Healthy Future guidance. This is a training and information resource which supports and reinforces a collaborative approach between speech and language therapists, referrers and parents in the identification and management of children with developmental SLCNs. The aim of the document is to revise and enhance referrers' skills in identifying children's Speech, Language and Communication Needs. It will provide referrers with additional information to enhance their management options for the child; provide referrers with information to deliver health promotion messages regarding Speech, Language and Communication development; and will present referral guidance for children presenting with Speech, Language and Communication Needs.

The Bercow Report: A Review of Services for Children and Young People (0-19) with Speech, Language and Communication Needs (2008)

Education and therapy services to children with special needs should be provided in line with current legislation including The Children (Northern Ireland) Order 1995, The Education (Northern Ireland) Order 1996, The Special Educational Needs and Disability (Northern Ireland) Order 2005, The Chronically Sick and Disabled Persons (Northern Ireland) Act 1978, The Disability Discrimination Act 1995 and the relevant Codes of Practice.

Disability Discrimination Order 2006

Human Rights Act 1998

Section 75 Northern Ireland Act 1998

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

2.1 Data Gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

This follows a pre-consultation phase in the summer of 2009, and a formal public consultation on the draft Action Plan during the autumn of 2010. The draft Speech, Language and Communication Therapy Action Plan was launched for full public consultation on 7 September 2010 and placed on the Department's website (www.dhsspsni.gov.uk/index/consultations.htm). An Easy Read version was also provided. The consultation phase closed on 30 November 2010, and 33 responses were received from a broad range of professional, local government and voluntary bodies, as well as the Health and Education sectors and a number of individuals.

2.2 Quantitative Data

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

Category	<i>What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	Approximately equal for male and females. However, as stated in the Speech, Language and Communication Therapy Action Plan, an American epidemiologic study estimated that 7.4% of English-speaking kindergarten children had specific language impairment. In this study, boys were shown to have a slightly higher prevalence rate of language impairment with a prevalence rate of 8% for boys and 6% for girls. (Tomblin, J.B., Records, N., Buckwalter, P.,

	Zhang, X., Smith, E. & O'Brien, M. (1997) Prevalence of specific language impairment in kindergarten children. Journal of Speech Language and Hearing Research, 4, 1245-1269).
Age	<p>The Speech, Language and Communication Therapy Action Plan will consider the particular needs of children and young people in the following groups:</p> <p>0 – 4 years 4 – 11 years 11 – 18 years 18– 21 years – transition Children and young people in the Youth Justice System.</p>
Religion	Need to consider faith and culture and whether this has any impact
Political Opinion	Not applicable
Marital Status	Not applicable
Dependent Status	Not applicable
Disability	<p>Children and young people with speech, language and communication needs May have learning, sensory and/or physical disability As stated in the Speech, Language and Communication Therapy Action Plan, the Royal College of Speech and Language Therapists guidance on best practice states that “research has also indicated that up to 62% of children with mental health disorders have speech and language difficulties” (Communicating Quality 3:Royal College of Speech and Language Therapists guidance on best practice in service organisation and provision,2006)</p>
Ethnicity	<p>May include those from minority ethnic groups and they may have language barriers</p> <p>The 2008 School census showed that 4300 children in primary school have a first language other than English. This is 3% of the school population</p>
Sexual Orientation	Not applicable

a. **Qualitative Data**

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

Category	Needs and Experiences-Service Users
Gender	It is recognised that there may be slightly more boys with speech, language and communication needs
Age	<p>Up to approximately 21 years The Speech, Language and Communication Therapy Action Plan will consider the particular needs of children and young people in the following groups:</p> <ul style="list-style-type: none"> 0 – 4 years 4 – 11 years 11 – 18 years 18– 21 years – transition <p>Children and young people in the Youth Justice System.</p> <p>It is recognised that there will be different needs and differences in ways of working depending on the various age groups.</p>
Religion	Need to consider faith and culture and whether this has any impact on communication with this group.
Political Opinion	No impact expected
Marital Status	No impact expected
Dependent Status	No impact expected
Disability	<p>Children and young people with speech, language and communication needs</p> <p>Some children are likely to have learning, physical and/or sensory disability</p> <p>Parents might also have disability-need to ensure that all voices are heard including those with communication difficulties</p>
Ethnicity	<p>Need to be aware that children and parents may be from minority ethnic groups. Staff need to be aware of culture.</p> <p>Need to be aware that for families English may not be their first language. Need to aware of communication needs.</p>
Sexual Orientation	No impact expected

b. Multiple Identities

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

Multiple needs will be recognised. For example, people could have multiple needs in terms of disability, communication and ethnicity

c. Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>In developing the Project Initiation Document for the implementation of the Speech, Language and Communication Therapy Action Plan, it was ensured that commitments to equality and human rights were built in.</p> <p>Commitment to equality and human rights is built into the Terms of Reference of the Implementation Project Team for the implementation of the Speech, Language and Communication therapy Action Plan 2011/12-2012/13</p>	<p>Workstreams will report on equality issues to the Implementation Project Team</p> <p>Need to engage appropriately with stakeholders to ensure that all voices are heard.</p> <p>Need to ensure the most appropriate methods of consultation and engagement, for example workshops with Parents.</p> <p>Need to ensure support for staff</p>

<p>Need to be aware that parents/carers are not a homogeneous group. There can be varying levels of literacy and communication.</p> <p>Need to aware that this is changing ways of working for staff</p>	<p>Staff will need additional training</p> <p>Need to be aware of any service and resource implications</p>
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(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Major impact	<input type="checkbox"/>
Minor impact	<input type="checkbox"/>
No further impact	<input checked="" type="checkbox"/>

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions.

No evidence of any major adverse impact on any particular S75 group

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
<p>Improves speech, language and communication for those with disability or needs in these areas</p> <p>Improves early identification of any equality issues</p>	<p>Raise awareness of the need to encourage disabled people to participate in public life. For example, through staff training.</p>

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
<p>Helps support positive attitudes</p>	

(5) CONSIDERATION OF HUMAN RIGHTS

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

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

*If you have answered no to all of the above please move onto to move on to **Question 6** on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise any legal issues? Yes/No

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

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

The implementation of the Speech, Language and Communication Therapy Action Plan: *Improving Services for Children and Young People* 2011/12 – 2012/13 is about improving services for children and young people. It is promoting the human rights of children and young people with speech, language and communication needs.

(6) **MONITORING**

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights?)

Equality & Good Relations	Disability Duties	Human Rights
User reviews, complaints, compliments Workstreams will report any equality or human rights issues which arise throughout		

Approved Lead Officer: Mary Emerson

Position: AHP Consultant PHA

Date: 16/06/11

Policy/Decision Screened by: Mary Emerson, Kieran McShane

Please note that having completed the screening you will need to ensure that a consultation on the outcome of screening is undertaken, in line with Equality Commission guidance.

**Please forward completed schedule to: Anne McGlade, Equality Manager, Business Services Organisation
Email: anne.mcglade@hscni.net
Telephone 028 90535577**

Template revised April 2011