

Policy Screening Form

Policy Scoping

Policy Title: Connected Covid 19 Response & Recovery Plan

Brief Description of Policy (please attach copy if available). Please state if it is a new, existing or amended policy.

Amendment to existing Strategy.

COVID-19 has had an unprecedented impact on the community and economy locally. This screening document is in relation to the Connected Covid19 Response & Recovery Plan, which will replace the existing six community planning thematic action plans.

The partnership had developed six thematic action plans to implement the community plan. To ensure that the partnerships' actions were addressing the impact of COVID-19, the Community Planning Strategic Partnership agreed that one collaborative action plan should be developed and consideration was to be given to the existing thematic action plans.

Some of the original actions have remained in this Connected Covid 19 Response & Recovery plan; some have changed their focus; some have been amalgamated. The actions in the plan have been devised through collaborative working with community, voluntary, statutory and business partners and sharing of information which has resulted in new ways of thinking and working.

Intended aims/outcomes. What is the policy trying to achieve?

The Connected Covid 19 Response & Recovery Plan replaces the six thematic action plans

There are five priorities for the recovery plan:

1. Maximise the Community Response and Partnership Working to reduce the Impact of the Virus across our Borough
2. Support Physical, Mental and Emotional Health and Wellbeing
3. Grow Business, Employment and Skills Development Opportunities
4. Target Hardship, Poverty and Inequality
5. Tackle Social Isolation and Loneliness

These priorities were identified through research and community engagement in June 2020 and are also relevant to the nine outcomes in *Connected*, a community plan for Armagh, Banbridge, Craigavon, 2017-2030.

There are two parts to the plan. Part A contains the actions under the first priority. These actions are the urgent short-term things the partnership needs to do together and actions that build on the community response and partnership working in response to the initial lockdown. They were identified throughout engagement and research as the strengths we need to build on.

Part A - Maximise the Community Response and Partnership Working to reduce the Impact of the Virus across our Borough.

- Address barriers to services and community support and enhance targeting, communication and coordination of needs and referral pathways
- Tackle food insecurity
- Support recovery and strengthening of employment and skills
- Analyse the resilience of Community and Voluntary Sector post-lockdown
- Continue to engage with and listen to communities to ensure partnership is responsive to existing and emerging needs across our borough.
- Establish Peer Network – current recovery planning group to continue to meet during implementation and includes dissemination of Covid-19 health messages.
- Deliver final phase of Carnegie UK Trust Embedding Wellbeing in NI Project to support peer network and community engagement.

Part B contains additional partnership programmes that are being put in place to address the remaining four priority themes and are also crucial for recovery.

Policy Framework

Has the policy been developed in response to statutory requirements, legal advice or on the basis of any other professional advice? Does this affect the discretion available to Council to amend the policy?

Local Government Act (Northern Ireland) 2014 and places a duty on community planning partners to take forward collaborative actions to realise the outcomes in the community plan.

Are there any Section 75 categories which might be expected to benefit from the policy? If so, please outline.

All Section 75 groups should benefit from the implementation of the Connected Response & Recovery Plan which demonstrates the partners' collective commitment to improve public services and quality of life for all those who live, visit and work in the district.

Who initiated or wrote the policy (if Council decision, please state). Who is responsible for implementing the policy?

Who initiated or wrote policy?	Who is responsible for implementation?
The Community Planning Strategic Partnership initiated the action plan.	The Community Planning Strategic Partnership is responsible for the Connected Recovery Plan. A Recovery Action Group has been formed to develop and implement the plan. The Better Outcomes Subcommittee will oversee the process and monitor performance
The Community Planning Team in Council along with the Recovery action group wrote and developed the action plan.	

Are there any factors which might contribute to or detract from the implementation of the policy (e.g. financial, legislative, other)?

The Connected Covid 19 Response & Recovery Plan is dependent on buy in, commitment and resources of all community planning partners across the partnership.

Main stakeholders in relation to the policy

Please list main stakeholders affected by the policy (e.g. staff, service users, other statutory bodies, community or voluntary sector, private sector)

The community, which is defined in its broadest sense in the community planning statutory guidance and includes:

- residents;
 - service users;
 - voluntary body representatives whose activities benefit our district;
 - businesses; and
 - other persons interested in the social, economic or environmental wellbeing of the area.
-
- Community Planning Partners
 - Community and Voluntary Sector Panel member
 - Business Partnership Alliance
 - Elected Members
 - Government departments

Are there any other policies with a bearing on this policy? If so, please identify them and how they impact on this policy.

- *Connected Community Plan for Armagh City, Banbridge and Craigavon Borough 2017-2030*
- *Healthy Community Thematic Action Plan*
- *Confident and Welcoming Community Thematic Action Plan*
- *Skilled and Enterprising Economy Thematic Action Plan*
- *Tourism Economy Thematic Action Plan*
- *Creative Place Thematic Action Plan*
- *Enhanced and Revitalised Thematic Action Plan*
- *Community planning partners' corporate plans*

Available Evidence

Council should ensure that its screening decisions are informed by relevant data. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

The recovery planning grouping considered the following evidence to develop the recovery plan:

- Community and Voluntary Sector Panel Food Initiatives Survey, June 2020
- Community Planning Partnership Covid Impact Survey, June 2020
- Covid Impact Slides (summarising available statistics and presented to the group by Council's statistician).
- Findings from three focus groups held with panel members supporting children and young people, women and BAME communities in August.

This evidence is available on council's website [here](#).

Armagh Banbridge Craigavon Community and Voluntary Sector Panel hosted focus groups with Community and Voluntary Sector Panel member organisations and other partners supporting children and young people, women and BAME communities to inform the plan. Feedback from recent consultations held by the Age Friendly Officer have also fed into the planning process.

Section 75 category	Evidence																		
Religious belief	<p>43.0% of residents in the borough on Census Day 2011 belong to or were brought up in the Catholic religion and 51.7% belong to or were brought up in a Protestant and Other Christian (including Christian related) religion. A further 0.8% belonged to or had been brought up in other religions while 5% neither belonged to, nor had been brought up in a religion.</p> <table border="1"> <thead> <tr> <th>Religion or Religion Brought Up In</th> <th>Armagh City, Banbridge and Craigavon</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Catholic</td> <td>85,770</td> <td>43.0%</td> </tr> <tr> <td>Protestant and Other Christian</td> <td>103,315</td> <td>51.7%</td> </tr> <tr> <td>Other</td> <td>1,590</td> <td>0.8%</td> </tr> <tr> <td>None</td> <td>9,018</td> <td>4.5%</td> </tr> <tr> <td>Total</td> <td>199,693</td> <td>100.0%</td> </tr> </tbody> </table> <p><i>Table 1: Religion or religion brought up in of residents in Armagh City, Banbridge and Craigavon Borough. Source: Religion or Religion Brought Up In - KS212NI (administrative geographies), Census 2011, NISRA.</i></p>	Religion or Religion Brought Up In	Armagh City, Banbridge and Craigavon	%	Catholic	85,770	43.0%	Protestant and Other Christian	103,315	51.7%	Other	1,590	0.8%	None	9,018	4.5%	Total	199,693	100.0%
Religion or Religion Brought Up In	Armagh City, Banbridge and Craigavon	%																	
Catholic	85,770	43.0%																	
Protestant and Other Christian	103,315	51.7%																	
Other	1,590	0.8%																	
None	9,018	4.5%																	
Total	199,693	100.0%																	
Political opinion	<p>Armagh City, Banbridge and Craigavon Borough Council has 41 elected members. A breakdown of results of the Local Government Election in May 2019 for the borough are as follows:</p> <ul style="list-style-type: none"> • Democratic Unionist Party – 11 • Ulster Unionist Party – 10 • Sinn Fein – 10 • Social Democratic and Labour Party – 6 																		

- Alliance – 3
- Independent – 1

A total of 79,309 votes were polled in the borough from an eligible electorate of 147,977 giving a turnout of 53.6%. This breakdown is taken as an approximate representation of the political opinion of people within the borough.

Racial group

Ethnicity
Results from the 2011 Census showed that 98.5% of the usually resident population of the borough were white and 1.5% were from minority ethnic groups. The main ethnic minorities were Mixed (605 individuals), Chinese (528 individuals) and Other Asian (463 individuals).

Ethnicity	Armagh City, Banbridge and Craigavon	%
White	196,777	98.54%
Chinese	528	0.26%
Irish Traveller	136	0.07%
Indian	388	0.19%
Pakistani	196	0.10%
Bangladeshi	25	0.01%
Other Asian	463	0.23%
Black Caribbean	32	0.02%
Black African	195	0.10%
Black Other	108	0.05%
Mixed	605	0.30%
Other	240	0.12%
Total	199,693	100.0%

Table 2: Ethnic group of residents in Armagh City, Banbridge and Craigavon Borough. Source: Ethnic Group - KS201NI (administrative geographies), Census 2011, NISRA.

Country of Birth

Results from the 2011 Census show that 89.0% of residents in the borough were born in Northern Ireland. The borough had 5.4% of residents, or 10,846 individuals, who were born outside the United Kingdom or Republic of Ireland.

Country of Birth	Armagh City, Banbridge and Craigavon	%
Northern Ireland	177,634	89.0%
England	6,125	3.1%
Scotland	1,312	0.7%
Wales	269	0.1%
Republic of Ireland	3,507	1.8%

Other EU: Member countries prior to 2004 expansion	1,399	0.7%
Other EU: Accession countries 2004 onwards	6,306	3.2%
Other	3,141	1.6%
Total	199,693	100.0%

Table 3: Country of birth of residents in Armagh City, Banbridge and Craigavon Borough. Source: Country of Birth - KS204NI (administrative geographies), Census 2011, NISRA.

Main Language

Results from Census 2011 show that 4.1% of residents in the borough aged 3+ years (7,896 individuals) spoke a language other than English or Irish as their main language. Apart from English and Irish, the most other common main languages were Polish (2,919 residents aged 3+), Lithuanian (1,736 aged 3+) and Portuguese (834 aged 3+).

Main Language	Armagh City, Banbridge and Craigavon	%
English	182,380	95.72%
Polish	2,919	1.53%
Lithuanian	1,736	0.91%
Irish (Gaelic)	250	0.13%
Portuguese	834	0.44%
Slovak	195	0.10%
Chinese	130	0.07%
Tagalog/Filipino	166	0.09%
Latvian	343	0.18%
Russian	170	0.09%
Malayalam	92	0.05%
Hungarian	100	0.05%
Other	1,211	0.64%
Total (Aged 3+)	190,526	100.0%

Table 4: Main language of residents aged 3+ in Armagh

City, Banbridge and Craigavon Borough. Source: Main Language- KS207NI (administrative geographies), Census 2011, NISRA.

There is increasing evidence that some racial and ethnic minority groups are being disproportionately affected by COVID-19, including more COVID-19 cases, hospitalisation and deaths. See “Health Equity Considerations and Racial and Ethnic Minority Groups” from the Centre for Disease Control and Prevention and also “The Disproportionate Impact of COVID-19 on Ethnic Minorities in the UK and What We Can Do About It” from the Behavioural Insights Team.

Feedback from the focus groups indicated that some racial and ethnic minority groups are affected by covid and facing inequality in terms of

1. Digital inclusion,
2. Access to services,
3. Poverty and hardship
4. Access to information

Age

The population of the borough was estimated to be 216,205 at 30th June 2019, the profile of which is shown below.

Age Group	Armagh City, Banbridge and Craigavon	%
0 – 15 years	48,757	22.6%
16 – 24 years	21,480	9.9%
25 – 49 years	72,323	33.5%
50 – 64 years	40,115	18.6%
65 and over	33,530	15.5%
Total	216,205	100.0%

Table 5: Age profile of Armagh City, Banbridge and Craigavon Borough at 30th June 2019. Source: 2019 Mid-Year Population Estimates, NISRA.

The borough has a growing and ageing population. The population of the borough is projected to increase by almost 8% (16,675 people) over the next ten years to 2029. The largest percentage increase is projected in the 65 and over age group (29%). Within this age group those aged 85 and over are projected to increase by an extra 1,781 people (46%).

According to the Department of Health Daily Dashboard 64 people have died from COVID-19 in Armagh City, Banbridge and Craigavon up to the 14th September 2020. The majority were aged 80 and over.

Age Group	Number of Deaths	%
40 – 59	2	3.1%
60 – 79	19	29.7%
80 +	43	67.2%
Total	64	100.0%

Table 6: Deaths from COVID-19 in Armagh City, Banbridge and Craigavon Borough up to 14th September by age. Source: Department of Health Daily Data Monday 14th September

Claimant count data for the borough shows that at August 2020 54.2% of claimants were aged 25 to 49, 22.8% were aged 50 and over and 22.1% were aged 16 to 24. Younger people have shown the greatest percentage increase of claimants between March 2020 and August 2020 with those aged 16 to 24 increasing by 178.2%, those aged 25 to 49 increasing by 154.8% and those aged 50+ increasing by 100.0%. The overall increase for the borough was 143.3%.

Date	Aged 16-24	Aged 25-49	Aged 50+	Total
------	------------	------------	----------	-------

March 2020	505	1,350	725	2,610
April 2020	1,010	2,960	1,170	5,175
May 2020	1,310	3,525	1,405	6,285
June 2020	1,350	3,330	1,370	6,090
July 2020	1,400	3,295	1,380	6,095
August 2020	1,405	3,440	1,450	6,350

Table 7: Claimant count by age in Armagh City, Banbridge and Craigavon Borough. Source: Claimant Count via NOMIS

A report from the Ulster University Economic Policy Centre “Labour Market Implications of COVID-19” discusses the disproportionate impact on the young with estimates that unemployment for those aged 16 to 24 in Northern Ireland could increase from 8% to 26%.

Food Standards Agency COVID-19 Consumer Tracker Waves 1 and 2 reports that food insecurity is more of an issue for younger age groups, those in households with a child and those with a physical or mental health condition.

Coronavirus and the Social Impacts on Older People in Great Britain: 3 April to 10 May 2020 from the Office for National Statistics shows that older people are more likely to report their well-being affected by spending too much time alone. Although they worry less about finances, they worry more about access to essentials.

Feedback from the focus groups indicated that some children and young are affected by covid and facing inequality in terms of

1. Digital inclusion,
2. Access to services,
3. Poverty and hardship
4. Access to information

As a result of lockdown schools have closed and limited access to education.

Marital status

The 2011 Census provides information on the marital and civil partnership status of those aged 16 and over. Over half of residents aged 16+ in the borough were married (51.0%).

Marital and Civil Partnership Status	Armagh City, Banbridge and Craigavon	%
Single (never married or never registered a same-sex civil partnership)	52,296	33.6%
Married	79,220	51.0%
In a registered same-sex civil partnership	110	0.1%
Separated (but still legally married or still legally in a same-sex civil partnership)	5,639	3.6%
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	8,087	5.2%
Widowed or surviving partner from a same-sex civil partnership	10,135	6.5%
Total (Aged 16+)	155,487	100.0%

Table 8: Marital

and civil partnership status of residents aged 16+ in Armagh City, Banbridge and

	<p><i>Craigavon Borough. Source: Marital and Civil Partnership Status – KS103NI (administrative geographies), Census 2011, NISRA.</i></p>																								
<p>Sexual orientation</p>	<p>The 2011 Census did not include a question on sexual identity.</p> <p>The Continuous Household Survey provides results on the sexual identity of persons aged 16 and over. For the combined years of 2016/17 – 2018/19, in the borough 98% of respondents to the survey identified as Heterosexual/Straight, 1% as Bisexual and less than 0.5% for each of Gay/Lesbian and Other. Less than 0.5% also responded don't know/refusal. (Note figures may not sum to 100% due to rounding).</p> <p>Results from the 2019 Northern Ireland Life and Times Survey showed for adults ages 18 and over in Northern Ireland overall:</p> <ul style="list-style-type: none"> • I am 'gay' or 'lesbian' – 2% • I am heterosexual or 'straight' – 90% • I am bi-sexual – 1% • Other answer – 1% • I do not wish to answer this question – 7% <p>(Note figures may not sum to 100% due to rounding).</p>																								
<p>Men and women generally</p>	<p>The 2011 Census showed that in Armagh City, Banbridge and Craigavon Borough 49.4% (98,713) of usual residents were male and 50.6% (100,980) were female.</p> <p>Population estimates for 2019 show the borough is made up of 107,540 (49.7%) males and 108,665 (50.3%) females.</p> <p>In the borough more men have died from coronavirus (59.4%) than women (40.6%).</p> <table border="1" data-bbox="370 1308 1110 1503"> <thead> <tr> <th></th> <th>Number of Deaths</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>38</td> <td>59.4%</td> </tr> <tr> <td>Female</td> <td>26</td> <td>40.6%</td> </tr> <tr> <td>Total</td> <td>64</td> <td>100.0%</td> </tr> </tbody> </table> <p><i>Table 9: Deaths from COVID-19 in Armagh City, Banbridge and Craigavon Borough up to 14th September by gender. Source: Department of Health Daily Data Monday 14th September</i></p> <p>Claimant count data for the borough shows that at August 2020 62.3% of claimants were male compared to 37.7% female. While the overall number of claimants in the borough increased by 143.3% between March 2020 and August 2020, the number of male claimants increased by 155.2% and female claimants by 125.9%.</p> <table border="1" data-bbox="370 1861 1193 2004"> <thead> <tr> <th>Date</th> <th>Male</th> <th>Female</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>March 2020</td> <td>1,550</td> <td>1,060</td> <td>2,610</td> </tr> <tr> <td>April 2020</td> <td>3,210</td> <td>1,965</td> <td>5,175</td> </tr> </tbody> </table>		Number of Deaths	%	Male	38	59.4%	Female	26	40.6%	Total	64	100.0%	Date	Male	Female	Total	March 2020	1,550	1,060	2,610	April 2020	3,210	1,965	5,175
	Number of Deaths	%																							
Male	38	59.4%																							
Female	26	40.6%																							
Total	64	100.0%																							
Date	Male	Female	Total																						
March 2020	1,550	1,060	2,610																						
April 2020	3,210	1,965	5,175																						

May 2020	4,000	2,285	6,285
June 2020	3,830	2,260	6,090
July 2020	3,810	2,285	6,095
August 2020	3,955	2,395	6,350

Table 10: Claimant count by gender in Armagh City, Banbridge and Craigavon Borough. Source: Claimant Count via NOMIS

Domestic abuse statistics show that in Armagh City, Banbridge and Craigavon there were 909 domestic abuse incidents between 1st April and 30th June 2020. This was an increase of 76 incidents on the same period in 2019 and an increase of 169 on 1st January 2020 to 31st March 2020.

Women and people with disabilities are more likely to report that their mental health has declined as a result of the pandemic, see “The Mental Health Emergency. How has the coronavirus pandemic impacted our mental health?” from MIND.

Disability

According to the 2011 Census, one fifth (20%) of people (39,861 individuals) in the borough had a long-term health problem or disability that limited their day-to-day activities.

The Family Resources Survey showed, using data for 2015/16 to 2017/18, 19% of individuals in the borough were disabled, similar to the level in Northern Ireland overall (21%).

Benefit statistics from the Department for Communities showed that as of May 2020 there were:

- 2,120 or 4.4% of under 16 population and 6,070 or 18.1% of 65 and over population claiming Disability Living Allowance.
- 5,550 or 16.6% of 65 and over population claiming Attendance Allowance.
- 15,130 Personal Independent Payment claims in payment (experimental statistics).

A report from the Ulster University Economic Policy Centre “Labour Market Implications of COVID-19” mentions that Northern Ireland’s disabled employment rate is already significantly lower than in other parts of the UK and it is essential that Northern Ireland avoids falling further behind during this crisis.

Food Standards Agency COVID-19 Consumer Tracker Waves 1 and 2 reports that food insecurity is more of an issue for younger age groups, those in households with a child and those with a physical or mental health condition.

Coronavirus and the social impacts on disabled people in Great Britain: July 2020 from the Office for National Statistics shows that 75% of disabled people reported they were “very worried” or “somewhat worried” about the effect that coronavirus was having on their life, higher than the 66% reported for non-disabled people. 24% of disabled people were most concerned about the impact on their well-being (13% for non-disabled). The next most frequent concern was about access to healthcare and treatment, reported by 13% of disabled people compared to 3% of non-disabled people. Not feeling safe

	<p>leaving home and not being able to meet up with others to socialise were also more of an issue for disabled people.</p> <p>Women and people with disabilities are more likely to report that their mental health has declined as a result of the pandemic, see “The Mental Health Emergency. How has the coronavirus pandemic impacted our mental health?” from MIND.</p>
Dependants	<p>The 2011 Census showed that 36% or 27,827 households in the borough contained dependent children.</p> <p>Results from the 2011 Census also show that 12% of the borough’s population (or 23,101 individuals) provided unpaid care. Of those who provided unpaid support:</p> <ul style="list-style-type: none"> • 58% provided 1 – 19 hours per week • 17% provided 20 – 49 hours per week • 25% provided 50+ hours per week. <p>Benefit statistics from the Department for Communities show that at May 2020 there were 7,940 claimants, or 4.7% of 16 and over population, claiming Carer’s Allowance in the borough.</p> <p>Food Standards Agency COVID-19 Consumer Tracker Waves 1 and 2 reports that food insecurity is more of an issue for younger age groups, those in households with a child and those with a physical or mental health condition.</p> <p>The Office for National Statistics report “Coronavirus and the Impact on Caring” showed that in April 32% of adults who reported giving help or support were helping someone they did not help before the pandemic. One third also reported giving more help to people they helped previously. 58% of adults with dependent children reported giving help or support to someone from another household compared with 45% of adults without dependent children.</p> <p>Sandwich carers (people who need to balance caring for children with caring for older relatives) have been providing more help to the same people (45%), helping someone who they did not previously (35%) or have been providing the same amount of help or support to someone during lockdown (21%).</p>

Needs, experiences and priorities

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

Section 75 category	Needs, experiences and priorities
Religious belief	No information available.
Political opinion	No information available.
Racial group	<p>Feedback from the focus groups indicated that some racial and ethnic minority groups are affected by covid and facing inequality in terms of</p> <ol style="list-style-type: none"> 1. Digital inclusion, 2. Access to services, 3. Poverty and hardship 4. Access to information

Age	<p>Young people may need support with skills development and finding work.</p> <p>Older people may be more likely to be lonely.</p> <p>Feedback from the focus groups indicated that some children and young are affected by covid and facing inequality in terms of</p> <ol style="list-style-type: none"> 1. Digital inclusion, 2. Access to services, 3. Poverty and hardship 4. Access to information
Marital status	No information available.
Sexual orientation	No information available.
Men and women generally	<p>More men, but both men and women will need support with skills development and finding work.</p> <p>Women and people with disabilities are more likely to report that their mental health has declined as a result of the pandemic, see “The Mental Health Emergency. How has the coronavirus pandemic impacted our mental health?” from MIND.</p> <p>Domestic abuse statistics show that in Armagh City, Banbridge and Craigavon there were 909 domestic abuse incidents between 1st April and 30th June 2020. This was an increase of 76 incidents on the same period in 2019 and an increase of 169 on 1st January 2020 to 31st March 2020. The focus groups heard from organisations supporting women who experience domestic abuse.</p>
Disability	<p>People with a disability will need support with skills development and finding work.</p> <p>Food Standards Agency COVID-19 Consumer Tracker Waves 1 and 2 reports that food insecurity is more of an issue for younger age groups, those in households with a child and those with a physical or mental health condition.</p> <p>Coronavirus and the social impacts on disabled people in Great Britain: July 2020 from the Office for National Statistics shows that 75% of disabled people reported they were “very worried” or “somewhat worried” about the effect that coronavirus was having on their life, higher than the 66% reported for non-disabled people. 24% of disabled people were most concerned about the impact on their well-being (13% for non-disabled). The next most frequent concern was about access to healthcare and treatment, reported by 13% of disabled people compared to 3% of non-disabled people. Not feeling safe leaving home and not being able to meet up with others to socialise were also more of an issue for disabled people.</p>

	<p>Women and people with disabilities are more likely to report that their mental health has declined as a result of the pandemic, see “The Mental Health Emergency. How has the coronavirus pandemic impacted our mental health?” from MIND.</p>
<p>Dependants</p>	<p>Food Standards Agency COVID-19 Consumer Tracker Waves 1 and 2 reports that food insecurity is more of an issue for younger age groups, those in households with a child and those with a physical or mental health condition.</p> <p>Research shows that caring has increased during the pandemic so there may be more support required to carers or more caring packages required from social care.</p>

Screening Questions

1. What is the likely impact on equality of opportunity for those affected by this policy for each of the Section 75 categories?

Category	Policy Impact	Level of impact (Major/minor/none)
Religious belief		No negative impact
Political opinion		No negative impact
Racial group		
Age	<p>There are actions within the Connected Covid -19 Response & Recovery Plan which will Improve the lives of children and young people and focus on early intervention.</p> <p>There is also action to deliver an age friendly borough this will ensure needs of older people embedded in local services and place plans to promote recovery</p>	Positive
Marital status		No negative impact.
Sexual orientation		No negative impact.
Men and women generally	There is an action within the Connected Covid -19 Response & Recovery Plan to utilise specialist expertise of panel members to address social isolation of those experiencing domestic violence.	positive
Disability		No negative impact.
Dependents		No negative impact.

2. Are there opportunities to better promote equality of opportunity for people within the Section 75 categories?

Category	If yes, provide details	If no, provide reasons
Religious belief	<p>To develop the Connected Covid -19 Response & Recovery Plan focus groups were hosted by Armagh Banbridge Craigavon Community and Voluntary Sector Panel. There is an action within the plan to</p> <p>Continue to engage with and listen to communities to ensure partnership is responsive to existing and</p>	
Political opinion		
Racial group		
Age		
Marital status		
Sexual orientation		
Men and women generally		
Disability		
Dependents		

	emerging needs across our Borough. This action will continue to focus on hearing voices of children and young people, BAME communities, women, older people, people with a disability, rural groups, unemployed etc	
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

3. To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion, or racial group?

Category	Details of Policy Impact	Level of impact (major/minor/none)
Religious belief	The effective implementation of the Connected Covid -19 Response & Recovery Plan will deliver outcomes to all members of the local community, visitors and workers regardless of religious belief.	Minor
Political opinion	The effective implementation of the Connected Covid -19 Response & Recovery Plan will deliver outcomes to all members of the local community, visitors and workers regardless of political opinion.	Minor
Racial group	The effective implementation of the Connected Covid -19 Response & Recovery Plan will deliver outcomes to all members of the local community, visitors and workers regardless of racial group.	

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

Category	If yes, provide details	If no, provide reasons
Religious belief		
Political opinion		
Racial group	Ensure access to Communication support and information in alternative formats is made available to remove any language barriers	

Multiple Identity

Generally speaking, people fall into more than one Section 75 category (for example: disabled minority ethnic people; disabled women; young Protestant men; young lesbian, gay and bisexual people). Provide details of data on the impact of the policy on people with multiple identities. Specify relevant s75 categories concerned.

Disability Discrimination (NI) Order 2006

Is there an opportunity for the policy to promote positive attitudes towards disabled people?

Yes, the Community Planning Partnership includes a Community, Voluntary and Social Enterprise Panel. Currently there is participation by disability service providers.

Is there an opportunity for the policy to encourage participation by disabled people in public life?

Screening Decision

A: NO IMPACT IDENTIFIED ON ANY CATEGORY – EQIA UNNECESSARY

Please identify reasons for this below

B: MINOR IMPACT IDENTIFIED – EQIA NOT CONSIDERED NECESSARY AS IMPACT CAN BE ELIMINATED OR MITIGATED

Where the impact is likely to be minor, you should consider if the policy can be mitigated or an alternative policy introduced. If so, an EQIA may not be considered necessary. You must indicate the reasons for this decision below, together with details of measures to mitigate the adverse impact or the alternative policy proposed.

It is recommended the Connected Covid-19 Response & Recovery Plan not be subject to an EQIA

The Connected Covid -19 Response & Recovery Plan has been developed following an extensive research exercise. This included an online survey with Community Planning Partners and the Community and Voluntary Sector Panel. The CVSP also undertook a survey on Food Assistance during Covid which contributed to the partners identifying the key themes for action.

Desktop research of the available evidence from NISRA and Statutory Partners was compiled to support development of Connected Recovery Plan. This was further enhanced by 3 Focus Group Sessions with groups who work with Women, Children and Young People and BAME communities.

The research showed that children and young people; older people; BAME communities, people with a disability and carers have been affected by the pandemic and require support. Common themes identified were:

- Digital inclusion,
- Access to services,
- Poverty and hardship
- Access to information
- Loneliness
- Skills and employment
- Mental health
- Domestic abuse
- Caring responsibilities

These are reflected in the actions in the plan and the plan commits the partnership to ongoing dialogue with S75 groups to ensure that their needs are addressed in its implementation.

C: MAJOR IMPACT IDENTIFIED – EQIA REQUIRED

If the decision is to conduct an equality impact assessment, please provide details of the reasons.

Timetabling and Prioritising

If the policy has been screened in for equality impact assessment, please answer the following questions to determine its priority for timetabling the equality impact assessment.

On a scale of 1-3 with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for equality impact assessment.

Priority criterion	Rating (1-3)
Effect on equality of opportunity and good relations	
Social need	
Effect on people's daily lives	

The total rating score should be used to prioritise the policy in rank order with other policies screened in for equality impact assessment. This list of priorities will assist the council in timetabling its EQIAs.

Is the policy affected by timetables established by other relevant public authorities? If yes, please give details.

Monitoring

Effective monitoring will help the authority identify any future adverse impact arising from the policy. It is recommended that where a policy has been amended or an alternative policy introduced to mitigate adverse impact, monitoring be undertaken on a broader basis to identify any impact (positive or adverse).

Further information on monitoring is available in the Equality Commission's guidance on monitoring (www.equalityni.org).

Identify how the impact of the policy is to be monitored

--

Approval and Authorisation

A copy of the screening form for each policy screened should be signed off by the senior manager responsible for that policy. The screening recommendation should be reported to the relevant Committee/Council when the policy is submitted for approval.

Screened by	Position/Job title	Date
Michelle Markey	Community Planning Officer	17/09/2020
Approved by	Position/Job Title	Date

Please forward a copy of the completed policy and form to:

mary.hanna@armaghbanbridgecraigavon.gov.uk

who will ensure these are made available on the Council's website.

The above officer is also responsible for issuing reports on a quarterly basis on those policies "screened out for EQIA". This allows stakeholders who disagree with this recommendation to submit their views. In the event of any stakeholder disagreeing with the decision to screen out any policy, the screening exercise will be reviewed.