

## SECTION 1

### Defining the activity subject to Section 1(1) of the Rural Needs Act (NI) 2016

#### 1A. Name of Public Authority

Armagh City, Banbridge and Craigavon Borough Council on behalf of Armagh Banbridge Craigavon Community Planning Partnership.

#### 1B. Please provide a short title which describes the activity being undertaken by the Public Authority that is subject to Section 1(1) of the Rural Needs Act (NI) 2016

Connected Covid -19 Response & Recovery Plan for Armagh, Banbridge Craigavon Community Planning Partnership

#### 1C. Please indicate which category the activity specified in Section 1B above relates to

Developing a	Policy		Strategy		Plan	X
Adopting a	Policy		Strategy		Plan	
Implementing a	Policy		Strategy		Plan	
Revising a	Policy		Strategy		Plan	

Designing a Public Service

Designing a Public Service

#### 1D. Please provide the official title (if any) of the Policy, Strategy, Plan or Public Service document or initiative relating to the category indicated in Section 1C above

Connected Covid-19 Response & Recovery Plan for Armagh, Banbridge Craigavon Community Planning Partnership

#### 1E. Please provide details of the aims and/or objectives of the Policy, Strategy, Plan or Public Service

**The Connected Covid-19 Response & Recovery Plan replaces 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

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 that have been 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.

**1F. What definition of ‘rural’ is the Public Authority using in respect of the Policy, Strategy, Plan or Public Service?**

Population Settlements of less than 5,000 (Default definition).	x
Other Definition (Provide details and the rationale below).	
A definition of ‘rural’ is not applicable.	

*Details of alternative definition of ‘rural’ used.*

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*Rationale for using alternative definition of ‘rural’.*

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*Reasons why a definition of ‘rural’ is not applicable.*

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**SECTION 2**

**Understanding the impact of the Policy, Strategy, Plan or Public Service**

**2A. Is the Policy, Strategy, Plan or Public Service likely to impact on people in rural areas?**

Yes

No

If the response is No go to Section 2E

**2B. Please explain how the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas.**

The Connected Covid-19 Response & Recovery Plan has actions which will **address barriers to services and community support and enhance targeting, communication and coordination of needs and referral pathways.**

It will also address issues in regards to digital inclusion, rural transport all which impact on people living in rural areas.

There will also be actions to promote the uptake on mental health programmes including for those in the agriculture sector.

**2C. If the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas differently from people in urban areas, please explain how it is likely to impact on people in rural areas differently.**

As a result of Covid some services have moved online. Access to broadband and digital services will have a greater impact on those that live in rural areas.

TADA Rural Support Network are an active participant within the Recovery Group have been able to share the needs of those living within rural areas to ensure their needs are included in the planning and development of the plan.

**2D. Please indicate which of the following rural policy areas the Policy, Strategy, Plan or Public Service is likely to primarily impact on.**

Rural Businesses	
Rural Tourism	
Rural Housing	
Jobs or Employment in Rural Areas	
Education or Training in Rural Areas	
Broadband or Mobile Communications in Rural Areas	
Transport Services or Infrastructure in Rural Areas	
Health or Social Care Services in Rural Areas	
Poverty in Rural Areas	X
Deprivation in Rural Areas	X
Rural Crime or Community Safety	
Rural Development	X
Agri-Environment	

Other (Please state)

**If the response to Section 2A was YES GO TO Section 3A.**

**2E. Please explain why the Policy, Strategy, Plan or Public Service is NOT likely to impact on people in rural areas.**

### SECTION 3

#### Identifying the Social and Economic Needs of Persons in Rural Areas

**3A. Has the Public Authority taken steps to identify the social and economic needs of people in rural areas that are relevant to the Policy, Strategy, Plan or Public Service?**

Yes

No

If the response is no go to section 3E

**3B. Please indicate which of the following methods or information sources were used by the Public Authority to identify the social and economic needs of people in rural areas.**

Consultation with Rural Stakeholders		Published Statistics	x
Consultation with Other Organisations		Research Papers	
Surveys or Questionnaires		Other Publications	

Other Methods or Information Sources (include details in Question 3C below).

**3C. Please provide details of the methods and information sources used to identify the social and economic needs of people in rural areas including relevant dates, names of organisations, titles of publications, website references, details of surveys or consultations undertaken etc.**

Census 2011 – NISRA  
Northern Ireland Multiple Deprivation Measure 2017 - NISRA

**3D. Please provide details of the social and economic needs of people in rural areas which have been identified by the Public Authority?**

Results from the 2011 Census show that just over half of the borough's population (51%) lived in urban areas while just under half (49%) lived in rural areas. This is based on the NISRA default urban/rural settlement classification where settlements with a population greater than or equal to 5,000 are classified as urban while those with a population less than 5,000 are classified as rural. This compares to 63% urban and 37% rural for Northern Ireland overall. Craigavon Urban Area (which includes Central Craigavon, Lurgan and Portadown), Banbridge, Armagh and Dromore are the four urban areas within the borough, all other settlements are classified as rural according to the NISRA default classification.

The NI Multiple Deprivation Measure (NIMDM) 2017 provides information on seven distinct types of deprivation, known as domains, along with an overall multiple deprivation measure (MDM). Results are available for the 890 Super Output Areas in Northern Ireland, ranked from 1 most deprived to 890 least deprived.

The Access to Services Domain which measures the extent to which people have poor physical and online access to key services is particularly relevant to rural areas. The borough has nine SOAs (10% of the total 87 SOAs in the borough) in the top 100 most deprived in Northern Ireland on the Access to Services Domain, each of which are defined as rural on the NISRA default classification. Twenty SOAs in Armagh City, Banbridge and Craigavon Borough (23% of the total 87 SOAs in the borough) are in the top 20% most deprived SOAs in Northern Ireland in terms of Access to Services. All twenty are classified as rural. The purpose of the Income Deprivation Domain is to identify the proportion of the population on low income. Armagh City, Banbridge and Craigavon Borough has nine SOAs (10% of the total 87 SOAs in the borough) in the top 100 most deprived in Northern Ireland on the Income Deprivation Domain. Three of these nine are rural areas according to the NISRA default classification.

If the response to Section 3A was YES GO TO Section 4A.

3E. Please explain why no steps were taken by the Public Authority to identify the social and economic needs of people in rural areas?

## SECTION 4

### Considering the Social and Economic Needs of Persons in Rural Areas

4A. Please provide details of the issues considered in relation to the social and economic needs of people in rural areas.

The following issues were considered in relation to the needs of people in rural areas

Access to digital infrastructure

Social isolation

Mental health

Access to services

Poverty

Loneliness

Employment and Jobs

## SECTION 5

### Influencing the Policy, Strategy, Plan or Public Service

5A. Has the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or delivery of the Public Service, been influenced by the rural needs identified?

Yes

No

If the response is no go to section 5C

5B. Please explain how the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or delivery of the Public Service, has been influenced by the rural needs identified.

The plan has been influenced by research and community engagement and as 49% of the borough's population live in rural areas, rural needs have helped influence the actions within the Connected response and recovery plan in particular actions in Part A of the action plan relate to:

- Address barriers to services and community support
- Enhance coordination of food assistance and networks
- Continue to engage with and listen to communities to ensure the partnership is responsive to needs

In part B of the plan there are actions that will tackle social isolation and loneliness and this will include a focus on **Making and Enhancing Connections** which will help create connections with groups that are socially isolated.

If the response to Section 5A was YES GO TO Section 6A.

5C. Please explain why the development, adoption, implementation or revising of the

## SECTION 6

### Documenting and Recording

**6A. Please tick below to confirm that the RNIA Template will be retained by the Public Authority and relevant information on the Section 1 activity compiled in accordance with paragraph 6.7 of the guidance.**

I confirm that the RNIA Template will be retained and relevant information compiled.

<b>Rural Needs Impact Assessment undertaken by:</b>	Michelle Markey
<b>Position/Grade:</b>	Community Planning Officer
<b>Department/Directorate</b>	Community Planning
<b>Signature:</b>	Michelle Markey
<b>Date:</b>	17 September 2020
<b>Rural Needs Impact Assessment approved by:</b>	
<b>Position/Grade:</b>	
<b>Department/Directorate</b>	
<b>Signature:</b>	
<b>Date:</b>	

# 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:

6. Maximise the Community Response and Partnership Working to reduce the Impact of the Virus across our Borough
7. Support Physical, Mental and Emotional Health and Wellbeing
8. Grow Business, Employment and Skills Development Opportunities
9. Target Hardship, Poverty and Inequality
10. 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.
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- 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*

<b>Available Evidence</b>
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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.

<b>Section 75 category</b>	<b>Evidence</b>
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> <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>
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"> <li>• Democratic Unionist Party – 11</li> <li>• Ulster Unionist Party – 10</li> <li>• Sinn Fein – 10</li> <li>• Social Democratic and Labour Party – 6</li> <li>• Alliance – 3</li> <li>• Independent – 1</li> </ul> <p>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.</p>
Age	<p>The population of the borough was estimated to be 216,205 at 30<sup>th</sup> June 2019, the profile of which is shown below.</p> <p>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%).</p>

	<p>Within this age group those aged 85 and over are projected to increase by an extra 1,781 people (46%).</p> <p>According to the Department of Health Daily Dashboard 64 people have died from COVID-19 in Armagh City, Banbridge and Craigavon up to the 14<sup>th</sup> September 2020. The majority were aged 80 and over.  Age 40-59, 2 deaths (3.1%)  Age 60-79, 19 deaths (29.7%)  Age 80+, 43 deaths (67.2%)  Total, 64 deaths (100%)</p> <p><i>Table 6: Deaths from COVID-19 in Armagh City, Banbridge and Craigavon Borough up to 14<sup>th</sup> September by age. Source: Department of Health Daily Data Monday 14<sup>th</sup> September</i></p> <p>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%.  March 2020, 505 Claimants (16-24), 1,350 (25-49yrs), 725 (50+yrs) Total 2,610  Apr 2020, 1,010 (16-24yrs), 2,960 (25-49yrs), 1,170 (50+yrs), Total 5,175  May 2020, 1,310 (16-24yrs), 3,525 (25-49yrs), 1,405 (50+yrs), Total 6,285  Jun 2020, 1,350 (16-24yrs), 3,330 (25-49yrs), 1,370 (50+yrs), Total 6,090  Jul 2020, 1,400 (16-24yrs), 3,295 (25-49yrs), 1,380 (50+yrs), Total 6,095  Aug 2020, 1,405 (16-24yrs), 3,440 (25-49yrs), 1,450 (50+yrs), Total 6,350</p> <p><i>Table 7: Claimant count by age in Armagh City, Banbridge and Craigavon Borough. Source: Claimant Count via NOMIS</i></p> <p>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%.</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 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</p> <ol style="list-style-type: none"> <li>1. Digital inclusion,</li> <li>2. Access to services,</li> <li>3. Poverty and hardship</li> <li>4. Access to information</li> </ol> <p>As a result of lockdown schools have closed and limited access to education.</p>
Marital status	<p>The 2011 Census provides information on the marital status profile of those aged 16 and over in the Borough:</p> <ul style="list-style-type: none"> <li>• Single (never married or never registered a same-sex civil partnership) - 34%</li> <li>• Married - 51%</li> <li>• In a registered same-sex civil partnership - 0.1%</li> </ul>

	<ul style="list-style-type: none"> <li>• Separated (but still legally married or still legally in a same-sex civil partnership) - 4%</li> <li>• Divorced or formerly in a same-sex civil partnership which is now legally dissolved - 5%</li> </ul> <p>Widowed or surviving partner from a same-sex civil partnership - 7%</p>
Sexual orientation	<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"> <li>• I am 'gay' or 'lesbian' – 2%</li> <li>• I am heterosexual or 'straight' – 90%</li> <li>• I am bi-sexual – 1%</li> <li>• Other answer – 1%</li> <li>• I do not wish to answer this question – 7%</li> </ul> <p>(Note figures may not sum to 100% due to rounding).</p>
Men and women generally	<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> <p>38 Male Deaths (59.4%)  26 Female Deaths (40.6%)  64 Total (100%)</p> <p><i>Table 9: Deaths from COVID-19 in Armagh City, Banbridge and Craigavon Borough up to 14<sup>th</sup> September by gender. Source: Department of Health Daily Data Monday 14<sup>th</sup> 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> <p>March 2020, 1,550 Male and 1,060 Female (2,610)  April 2020, 3,210 Male and 1,965 Female (5,175)  May 2020, 4,000 Male and 2,285 Female (6,285)  June 2020, 3,830 Male and 2,260 Female (6,090)  July 2020, 3,810 Male and 2,285 Female (6,095)  Aug 2020, 3,955 Male and 2,395 Female (6,350)</p> <p><i>Table 10: Claimant count by gender in Armagh City, Banbridge and Craigavon Borough. Source: Claimant Count via NOMIS</i></p> <p>Domestic abuse statistics show that in Armagh City, Banbridge and Craigavon there were 909 domestic abuse incidents between 1<sup>st</sup> April and 30<sup>th</sup> June 2020. This was an increase of 76 incidents on the same period in 2019 and an increase of 169 on 1<sup>st</sup> January 2020 to 31<sup>st</sup> March 2020.</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>
Disability	<p>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.</p> <p>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%).</p> <p>Benefit statistics from the Department for Communities showed that as of May 2020 there were:</p> <ul style="list-style-type: none"> <li>• 2,120 or 4.4% of under 16 population and 6,070 or 18.1% of 65 and over population claiming Disability Living Allowance.</li> <li>• 5,550 or 16.6% of 65 and over population claiming Attendance Allowance.</li> <li>• 15,130 Personal Independent Payment claims in payment (experimental statistics).</li> </ul> <p>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.</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>
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"> <li>• 58% provided 1 – 19 hours per week</li> <li>• 17% provided 20 – 49 hours per week</li> <li>• 25% provided 50+ hours per week.</li> </ul> <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>
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### 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?

<b>Section 75 category</b>	<b>Needs, experiences and priorities</b>
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"> <li>1. Digital inclusion,</li> <li>2. Access to services,</li> <li>3. Poverty and hardship</li> <li>4. Access to information</li> </ol>
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"> <li>1. Digital inclusion,</li> <li>2. Access to services,</li> <li>3. Poverty and hardship</li> <li>4. Access to information</li> </ol>
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</p>

	on 1st January 2020 to 31st March 2020. The focus groups heard from organisations supporting women who experience domestic abuse.
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>
Dependants	<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 &amp; 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	positive

	address social isolation of those experiencing domestic violence.	
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	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 <b>Continue to engage with and listen to communities to ensure partnership is responsive to existing and emerging needs across our Borough.</b> 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	
Political opinion		
Racial group		
Age		
Marital status		
Sexual orientation		
Men and women generally		
Disability		
Dependents		

**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.

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

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## 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](http://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@armaghbanbridgescraigavon.gov.uk](mailto:mary.hanna@armaghbanbridgescraigavon.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.**