



EQUALITY SCREENING TEMPLATE

See [Guidance Notes](#) (POL:PP:032) 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 .

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy (incl. doc. reference number) or decision :

Document Number: POL:95:AP:012

Document Title: CHILDREN ATTENDING BLOOD DONATION SESSIONS

1.2 Description of policy or decision

NIBTS seeks to present a service to all members of the public – young and old alike – who feel welcomed and valued when visiting NIBTS premises and blood donor sessions. However, the use of some equipment e.g. needles/sharps, and associated equipment, and hot fluids e.g. tea/ coffee in refreshment areas can present hazards – particularly to children who may not be adequately supervised. The responsibility for the care and supervision of children at session will remain with the accompanying adult.

1.3 Main stakeholders affected (internal and external)

Staff, and actual or potential service users.

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

POL PP:032 Equality Screening

FORM DD:1041 Information for Donors – Children at Sessions



(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.

NIBTS Staff Data compiled in May 2020,
Donor Data,
Census Data

For the temporary restriction for donors only at session, National operational changes were followed

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 issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	<p>NIBTS Staff Data: 68% female, 32% male</p> <p>Donor Data: 49% female, 51% male</p> <p>Census Data: Northern Ireland population (2011 Census): Female 51%, Male: 49%.</p> <p>Census 2011 figures report 34% of households contain dependent children, the census also captures that the majority of childcare in lone parent households is undertaken by females, the majority of these are not in full time employment or regularly use childminders https://www.employersforchildcare.org/app/uploads/2019/06/Northern-Ireland-Childcare-Survey-2019-FINAL.pdf Women are more likely to be carers of young children and so, more likely to need to bring them to a session.</p>



Age	<p>NIBTS Staff Data:</p> <table border="1" data-bbox="320 241 727 510"> <thead> <tr> <th>Age Group</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>16-24</td> <td>6%</td> </tr> <tr> <td>25-34</td> <td>18%</td> </tr> <tr> <td>35-44</td> <td>25%</td> </tr> <tr> <td>45-54</td> <td>25%</td> </tr> <tr> <td>55-64</td> <td>23%</td> </tr> <tr> <td>>=65</td> <td>3%</td> </tr> </tbody> </table> <p>Donor Data: Blood donors need to be at least 17 years of age and can continue to donate with no age limit if health check is passed. The upper age limit has been temporarily set at 70 years during the covid 19 pandemic.</p> <p>Census Data: Census 2011 figures report the 16-64 age group represents just under 65% of the total NI population</p> <p>The below link profiles the ages of lone parent age groups which captures the entire age group of our donors</p> <p>https://www.communities-ni.gov.uk/sites/default/files/publications/dsd/dsd-ni-benefits-and-tax-credits-study-lone-parents.pdf</p>	Age Group	%	16-24	6%	25-34	18%	35-44	25%	45-54	25%	55-64	23%	>=65	3%
Age Group	%														
16-24	6%														
25-34	18%														
35-44	25%														
45-54	25%														
55-64	23%														
>=65	3%														
Religion	<p>NIBTS Staff Data: 39% Catholic 45% Protestant 6% Neither 10% Not determined</p> <p>Donor Data: Donors are not asked their religion.</p> <p>Census Data: 45.1% of the population from a Catholic background. 48.4% of the population from Protestant and other Christian background. 0.9% of population from other religions. 5.6% of population no religion or religion not stated (2011 Census).</p>														
Political Opinion	<p>Staff Data: 9% Broadly Nationalist 9% Broadly Unionist 16% Other 66% No answer</p> <p>Donor Data: Donors are not asked for their political opinion.</p>														



	<p>Census Data: Of those eligible to vote in the NI Assembly election of 2011, 43.21% voted for a Unionist candidate as a first preference, 41.18% voted for a Nationalist/Republican candidate as a first preference and approximately 15% voted for other candidates as a first preference</p>
Marital Status	<p>Staff Data: 12% Unknown 31% Single 55% Married / Civil Partnership 1% Divorced 0.5% Widowed 0.5% Separated</p> <p>Donor Data: Donors are not asked for this.</p> <p>Census Data: 2011 Census figures report 48% of the resident population aged 16 and over are married, whilst 36% are single, 0.1% are registered in same-sex civil partnerships, 9.4% are divorced, separated or formerly in same-sex partnership and 6.8% are either widowed or a surviving partner. The 2011 census showed that 19.72% of households were married / civil partnership with dependent child/ren.</p>
Dependent Status	<p>Staff Data: 28% Staff with dependents 26% Staff without dependants 46% Not assigned</p> <p>Donor Data: Donors are not asked this.</p> <p>Census Data: Census 2011 figures report 12% of the resident population provide unpaid care to family members, friends, neighbours, and 34% of households contain dependent children and 34% of households contain dependent children.</p>
Disability	<p>Staff Data: 55% No Disability 3% With Disability 42% Not Assigned</p> <p>Donor Data: Data not collect as a whole information provided by donors only if it affects their ability to donate. The system does not allow for data for all donors to be retrieving in relation to this.</p> <p>Census Data: Census 2011 figures report 21% of the population regard themselves as having a disability or long-term health problem which has an impact on their</p>



	day to day activities.
Ethnicity	<p>Staff Data: 69% White 1% Pakistani 1% Indian 1 % Other 30% Not Assigned</p> <p>Donor Data: Donors are not asked this.</p> <p>Census Data: Census 2011 figures report 1.8% of the resident population belong to a minority ethnic group, with 3.1% stating their first language is not English.</p>
Sexual Orientation	<p>Staff Data: 51% Someone of the opposite sex 3% Someone of the same sex 3% Do not wish to answer 43% Not assigned</p> <p>Donor Data: Donors are not asked this, however, the health check questionnaire asks males if they have had sex with another male in the last 12 months and asks females if they have had sex in the last 12 months with a man who has ever had sex with another man. A yes response would lead to a 12 month deferral.</p> <p>Census Data: NI population estimates 1 in 10 are LGB</p>

2.3 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
Gender	As Women are more likely to be carers of young children they are, more likely to need to bring them to a session.
Age	The needs and experiences of service users would be different for the ages for people with dependent children. The data is not captured in the 2011 census.
Religion	There is no data to suggest that the needs and experiences of service users differ on the basis of religion.
Political Opinion	There is no data to suggest that the needs and experiences of service users differ on the basis of political opinion.
Marital Status	Single parents maybe more likely to need to bring their child to a session.
Dependent Status	It may be more difficult for a person who cares for a child or children with a disability to get another caregiver to take over to allow them to attend a session.
Disability	Issues relating to accessible information for people with disabilities are considered in our Accessible Formats Policy. It may be more difficult for a person who cares for a child or children with a disability to be able to arrange alternative arrangements to attend a session.
Ethnicity	Issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy.
Sexual Orientation	There is no data to suggest that the needs and experiences of service users differ on the basis of sexual orientation.

2.4 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.



N/A

2.5 Making Changes -

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>
	No planned actions

2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)



Group	Impact	Suggestions
Religion	N/A	N/A
Political Opinion	N/A	N/A
Ethnicity	N/A	N/A

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

Please tick:

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



Please give reasons for your decisions.

Having screened the policy / decision and put in place mitigation for any impacts identified it is not thought that subjecting the policy / decision to an EQIA will further identify opportunities to promote equality of opportunity.



(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>
n/a	n/a

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>
n/a	n/a



(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 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 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.



(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

Approved Lead Officer: Patricia Mackey
 Position: Nursing Services Manager
 Date: 28/08/2020
 Policy/Decision Screened by: Patricia Mackey

Please note that having completed the screening you are required by statute to publish the completed screening template, as per NIBTS equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

Please forward a copy of the completed screening template and policy/strategy to the HR Office for publishing.

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact a member of the HR department.