Patient and Client Council

Your voice in health and social care

Equality and Human Rights Screening Template

The Patient and Client Council is required to address the 4 questions below in relation to all its policies.

What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

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

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

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

SCREENING TEMPLATE

See Guidance Notes for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Co-production Paid Associate Model

1.2 Description of policy or decision

The Patient and Client Council seek to establish an innovative service whereby service users (those who use / used health and social care services with lived experience can get involved within health and social care (HSC) at strategic and/ or operational levels. This highly person centred approach will enable partnership working between people in order to achieve positive and agreed change in the design, delivery and experience of health and social care.

The Co-Production Peer Partner (Paid Associate) model is an enhancement of the current involvement opportunities offered through Make Change Together. This project provides an enhanced level of involvement as service users will be reciprocally recognised for their experience as a Co-Production Peer Partner (Paid Associate).

The model will seek to recognise and deliver consistency to enable momentum of projects or an area of work aligned to their experiences. Through reciprocal recognition the model can quality assure a bank of service users within multiple disciplines is adequately paid. The resource will provide a unified payment approach thus ensuring the efforts are concerned with outcomes and engagement whilst fully recognising the value of user engagement and their contribution.

Participants will be recruited through an open recruitment process,; their skill set will be matched to the service specification as defined by the project. Participants will be trained, coached and supported throughout their involvement journey. Best practice and data will be gleaned for future delivery. This will incorporate the setting up a Peer Partner bank of Paid Associates who will work co-productively within programmes of work.

Programme leads within HSC will commission the experience of a Co-Production Peer Partner (Paid Associates) for the term of their project. In turn, the service user will have training in involvement, expectation and programme specifics in readiness for their involvement within the respective programme of work.

1.3 Main stakeholders affected (internal and external) **Patient Client Council and Corporate Services** **HSC Service users**

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

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

2.1 Data gathering

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

This equality screening was informed by previous reports commissioned by the DoH and PHA and completed by the PCC to research health inequalities, public enquiry's and or waiting lists in various disciplines. The results of consultations were also reviewed as well as strategy documents. The PCC have a membership scheme, this can be analysed to determine if we are capturing marginalised groupings. Currently a review of this is taking place to ensure the PCC are as inclusive as they should be. A number of meetings were held with PCC staff, focus groups with service users and carers and Trust staff were engaged in design meetings

Mid-year population estimate (published June 2019). Available at https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/MYE18-Bulletin.pdf

GIRES. The Number of Gender Variant People in the UK - Update 2014. Available at http://www.gires.org.uk/prevalence.php

Northern Ireland Life and Times, 2019. Available: https://www.ark.ac.uk/nilt/2018/Political_Attitudes/UNINATID.html

Census 20211 information

CarersNI State of Caring 2019 Annual survey (UK wide, including NI)

Health Inequalities Annual Report 2019. Available at:

https://www.health-ni.gov.uk/news/health-inequalities-annual-report-2019

Health Survey 2019-20. Available at https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland

Annual enrolments at schools and in funded pre-school education in Northern Ireland 2020-21. Available at (https://www.education-ni.gov.uk/sites/default/files/publications/education/Revised%2028%20May%2021%20-

%20Annual%20enrolments%20at%20schools%20and%20in%20funded%20prescho....pdf

HSC Interpreting Service Annual reports (20

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. Also give consideration to multiple identities.

Category	*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?*
Gender	The size of the resident population in Northern Ireland at 30 June 2018 is estimated to be 1.88 million people. Just over half (50.8 per cent) of the population were female, with 955,400 females compared to 926,200 males (49.2 per cent). The Gender Identity Research and Education Society (GIRES) estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office (2011) and subsequently updated (2014): • gender variant to some degree 1% • have sought some medical care 0.025% • having already undergone transition 0.015% Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2019) N=1,881,600 (approx.): • 18,816 people who do not identify with gender assigned to them at birth • 470 likely to have sought medical care • 282 likely to have undergone transition. It is anticipated that all genders will be affected by this project both from a service users point of view and recruitment of staff. The PCC are currently involved in a Gender Identity programme of work , the PCC will be target this grouping when

	recruitment is taking place.
Age	Mid-year population estimates published by NISRA in 2019 show that: 0-19 yrs (inclusive) = 485,064 (25.7% of all NI population) 20 – 34 yrs = 364,623 (19.3%) 35 – 49 yrs = 366,967 (19.5%) 50 - 64 yrs = 356,790 (19.0%) 65 – 74 yrs = 169,725 (9.0%) 75 – 89 yrs = 125,334 (6.6%) 90+ yrs = 13,138 (0.7%)
Community Background	
Political Opinion	"Generally speaking, do you consider yourself as a unionist, a nationalist or neither?" (Northern Ireland Life and Times, 2019) Unionist 33% Nationalist 23% Neither 39% Other 2% Don't know 3%.
Marital Status	Information from the last census shows of the NI population: • 47.56% (680, 840) of those aged 16 or over were married • 36.14% (517, 359) were single • 0.09% (1288) were registered in same-sex civil partnerships • 9.43% (134, 994) were either divorced, separated or formerly in a same – sex partnership • 6.78% (97, 058) were either widowed or a surviving partner
Dependent Status	• 11.81% (213, 863) of the usually resident population provide unpaid care to family

	members, friends, neighbours or others because of long-term physical or mental ill – health/disabilities or problems related to old age. • 3.11% (56, 318) provided 50 hours care or more. • 33.86% (238, 129) of households contained dependent children. • 40.29% (283, 350) contained a least one person with a long – term health problem or a disability. (Census 2011) **CarersNI State of Caring 2019** Annual survey (UK wide, including NI) **1)** 2 in 5 carers (39%) responding reported being in paid work. **2)** 38% of all carers reported that they had given up work to care. **3)** 18% had reduced their working hours. **4)** 1 in 6 carers (17%) said that they work the same hours but their job is negatively affected by caring, for example because of tiredness, lateness, and stress. **5)** 12% of carers said they have had to take a less qualified job or have turned down a promotion to fit around their caring responsibilities. **6)** Just over 1 in 10 carers (11%) said they had retired early to care.
Disability	At the last census, 20.69% of the NI population (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities. This included: • Deafness or partial hearing loss – **5.14% (93, 078)** • Blindness or partial sight loss – **1.7% (30, 785)** • Communication Difficulty – **1.65% (29, 879)** • Mobility or Dexterity Difficulty – **11.44% (207, 163)** • A learning, intellectual, social or behavioural difficulty - **2.22% (40, 201)** • An emotional, psychological or mental health condition - **5.83% (105, 573)** • Long – term pain or discomfort – **10.10% (182, 897)**

	• Shortness of breath or difficulty breathing – **8.72% (157, 907)** • Frequent confusion or memory loss – **1.97% (35, 674)** • A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – **6.55% (118, 612)** • Other condition – **5.22% (94, 527)** • No Condition – **68.57% (1, 241, 709)** (Census 2011) The NI Health Survey found that prevalence of disability increases with age. Limiting longstanding illness increases from 18% among young adults aged 25 -34 years to 52% among those who are 75 plus years. .
Ethnicity	Data from the Statistics from the HSC Interpreting Service showed a large rise in requests for interpreters from 1,850 in 2004-2005 to 132434 requests in 2019-2020. The most popularly requested languages in 2019-2020 are described below: Top 20 Languages Requests: 1. Polish 30231 2. Arabic 20392 3. Lithuanian 15503 4. Romanian 13059 5. Portuguese 8312 6. Bulgarian 7881 7. Tetum 6623 8. Slovak 5696 9. Mandarin 4794 10. Cantonese 3170 11. Hungarian 3003 12. Russian 2978 13. Latvian 2104 14. Somali 2101 15. Czech 996

	16. Farsi 964 17. Bengali 827 18. Spanish 728 19. Hakka 531 20. Urdu 381 Nearly 2020-21, 18,500 pupils in schools in Northern Ireland are recorded as “non-white”, and this represents 5.2% of the school population. This is an increase of almost 6,000 pupils and 1.5 percentage points compared to five years prior. There is also a rise year-on-year in the number of pupils whose first language is not English (an increase of over 1000 from last year). In 2020/21, there are approximately 89 first languages spoken by pupils, with Polish and Lithuanian being the most common behind English.
Sexual Orientation	There are no accurate statistics on sexual orientation in the community as a whole, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual.

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. Also give consideration to multiple identities (such as single parents for example).

Category	***Needs and Experiences***
Gender	It is recognised that males are less likely to participate in engagement projects, and less likely to utilise HSC services.

	From experience those going through gender realignment have been further hindered with regard to how to address them and identity issues.
Age	Although all age ranges will be impacted by the project, PCC have had difficulty ensuring the voice of young people is included, this project will ensure any recruitment targets the 18 to 24 year olds by the promotional methods.
Religion	There are no additional needs based on the religion.
Political Opinion	People of different political backgrounds may be more reticent attending events or meetings in areas viewed as belonging to the "other" political community.
Marital Status	There are no additional needs based on the marital status.
Dependent Status	It is recognised that due to the nature of Caring responsibilities, carers may not be able to attend certain meetings or training, depending on the location and timing of these. It is also recognised that carers may have had to reduce the amount of time they work, putting additional strain on their household income. This may make travel for example, more expensive.
Disability	It is recognised that people with certain disabilities may find it more difficult to access the programme and become Peer Partners. For example, those with learning difficulties may find accessing written programme information and materials difficult, depending on the nature of their disability. Similarly those with sensory disabilities may find accessing programme materials difficult if for example they are blind. Individuals with physical disabilities may find trying to access meetings difficult, either due to the travel distances involved, or through a lack of suitable transport.
Ethnicity	
Sexual Orientation	Research has shown that people who are gay, lesbian or bisexual are more likely to have experienced discrimination due to their sexual orientation. Individuals who are gay, lesbian or bisexual are also more likely to report negative experiences of health and social care. UK research found that individuals who identified as gay, lesbian or bisexual were more likely to experience negative attitudes from health workers due to their sexual orientation.

	As a result, this group may be less likely to wish to participate in the programme.

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.

Depending on the specific programme of work, this group of people with multiple identities will be really important to engage with in terms of the how they receive health services. Their input will help shape the future design and role our of services by capturing the issues and obstacles they face. We will ensure a network of networks which is being established to include these marginalised groupings is strengthened, added to and reviewed regularly. This project may highlight negative impacts of the health service on these groupings so we will ensure they are supported throughout the process with us.

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?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
Gender: The PCC have set up a gender identity engagement platform to take issues forward, this project will link in with this group. Age: The network of networks set up by the PCC, will ensure all target areas are involved in the project. This is continually being added to in terms of new support organisations. The	To revisit the membership scheme and analyse the database to ensure all section 75 groupings are being engaged with and take up involvement positions. The project will reach out to further education colleges and universities to ensure a higher percentage of young people get involved in the project.

project reached out to young people's organisations Dependents: The project has built flexibility into the project to allow for carers who may have family caring duties. We have done this by ensuring there are always two peer Partners on each project to support each other. A projects Co-ordinator is also employed to mentor and supervise these peer partners. Disability: In terms of accessibility and adaptation, the project has taken the needs of disabled Peer partners and members of the public into consideration. As far as possible zoom contact will be used, Interpreters will be employed and those with visual impairment will have suitably produced materials and resources. We have a number of staff responsible for access for those with learning disabilities; their expertise will be called upon for easy read versions and approaches. The PCC have set up a Learning disability engagement platform and a mental health engagement platform which this project will tap into for reference and guidance. Ethnicity: Because of the language barriers this group are difficult to reach but the project will ensure networks and links are strengthened with the BEM organisations. Sexual orientation: In recognition of the impact of discrimination and victimisation experienced by gay,	

lesbian and bisexual individuals, in order to increase the likelihood of participating in this programme, the PCC have linked with voluntary and advocacy organisations supporting those of different sexual orientations.	

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	none	
Political Opinion	none	
Ethnicity	none	

(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)

Please tick:

Major impact	
Minor impact	x
No further impact	

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

Please tick:

Yes	
No	X

Please give reasons for your decisions.

It is not felt that a full EQIA will identify any further equality considerations other than those described above. Mitigation has been put in place to try to meet the needs of the equality groups as outlined above.

(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?

How does the policy or decision currently encourage disabled people to participate in public life?	***What else could you do to encourage disabled people to participate in public life?***
The project job description and business case was designed working directly with service users including those with disabilities, taking their views on board. They co-produced the JD with the PCC. This project will provide the opportunity for disabled individuals to become involved in co-production projects as employees or at various levels of involvement. As we will be recruiting specifically for service users as well as carers, this project offers those who are disabled an equal opportunity to participate in the various heath projects, where by their input will have a direct impact on the future of that service design and delivery.	The project will continue to network with C&V organisations and individuals who represent the needs of disabled people to ensure they are encouraged and facilitated to participate in public life by getting involved at levels that suit their needs, The PCC operate a Make Change Together Involvement programme where disabled people become part of specific engagement platforms and or programmes of work The PCC will ensure mechanisms are in place including ‘easy read’ versions of the various documents are available as well as interpreters and location suitability in terms of travel and accessibility..

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?

How does the policy or decision currently promote positive attitudes towards disabled people?	***What else could you do to promote positive attitudes towards disabled people?***
The project actively encourages disable people to get involved by therefore ensuring they become part	The PCC will continue to encourage a positive attitude towards the input and involvement by disabled people by ensuring their value and contribution is

of the design and roll out of the project The promotional material associated with the project openly requests service users to get involved in the project; their input is measured in terms of the value their contribution will make to the outcome and success of the project.	recognised in terms of feedback and publication of reports and evaluations, high lightening their invaluable contribution..

(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
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1st 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
. Good relations: Although not important in terms of the outcome and impact of the project, we will ensure data is captured to allow the project to monitor the breakdown and intervene if one section of the political opinion is engaging more than the other.		

Approved Lead Officer: Gabrielle Quinn

Position: Co-production Projects Co-ordinator

Date: 16th Sept 2021

Policy/Decision Screened by: _____

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's 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 completed template to: Equality.Unit@hscni.net

Any request for the document in another format or language will be considered. Please contact:

2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net; phone: 028 95363961 (for Text Relay prefix with 18001); fax: 028 9023 2304