Patient and Client Council

Your voice in health and social care

Involving You
Screening Template

The PCC is required to address the 4 questions below in relation to all its policies. This template sets out a pro forma to document consideration of each question.

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

Lone Working Policy

1.2 Description of policy or decision

- It is recognised that many people working within Patient and Client Council (PCC), by the nature of their job, can be required to work alone or can find themselves in such circumstances.

- The purpose of this policy is to ensure that there are adequate systems in place to ensure the health, safety and welfare of lone workers i.e. a member of staff working alone, either on site or undertaking PCC duties within the community, in order to reduce the risks of lone working as far as is reasonably practicable.

1.3 Main stakeholders affected (internal and external)

The policy will guide how the Patient and Client Council will engage with all its key stakeholders, including

- service users
- carers
- community and voluntary sector groups
- HSC organisations and staff
- Professional organisations such as the Royal College of Nursing, the British Medical Association and the General Medical Council

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

The PCC Health and Safety Policy
PCC Risk Strategy
PCC Serious Adverse Incidents Reporting Protocol
PCC Zero Tolerance Policy

(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 policy document was developed as a result of direct dialogue with patients, service users, carers and community representatives. It was based on feedback the PCC received since it was established in 2009. In addition, members of the PCC Membership Scheme and community representatives helped shape this policy. The PCC has also taking into consideration;

- Census Statistics
- Staff Monitoring HRPTS (2019)
- PCC Reports and Organisational Intelligence
- NISRA data
- Northern Ireland Life and Times, 2016
- Annual Reports of the Registrar General for NI
- Health Survey NI
- Northern Ireland Pooled Household Survey (NIPHS) tables, published 2017.
- Trends in hate motivated incidents and crimes recorded by the Police in Northern Ireland 2004/05 to 2017/18. (NISRA/ PSNI publication)
- NHS Workforce Race Equality Standard, 2018 Data analysis report for NHS Trusts (2019)

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.

<table>
<tr><th>Category</th><th>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?</th></tr>
<tr><td>Gender</td><td>The most recent staff monitoring data (2019) shows that the majority of PCC staff are female:
<table>
<tr><td>Female</td><td>79.17%</td></tr>
<tr><td>Male</td><td>20.83%</td></tr>
</table>

The PCC recognise the challenges of engaging with and involving people of different gender in our work. This can be demonstrated by gender breakdown of the PCC Membership Scheme.
Male 28.54%
Female 71.46%</td></tr>
<tr><td>Age</td><td>Staff monitoring data for the PCC shows that a total of 38% are aged under 34 years of age:
<table>
<tr><td>Age Group</td><td>Sum of Headcount by Person</td></tr>
<tr><td>16-24</td><td>4.17%</td></tr>
<tr><td>25-29</td><td>12.50%</td></tr>
<tr><td>30-34</td><td>20.83%</td></tr>
<tr><td>35-39</td><td>8.33%</td></tr>
<tr><td>40-44</td><td>16.67%</td></tr>
<tr><td>45-49</td><td>16.67%</td></tr>
<tr><td>50-54</td><td>12.50%</td></tr>
<tr><td>55-59</td><td>8.33%</td></tr>
<tr><td>Grand Total</td><td>100.00%</td></tr>
</table>

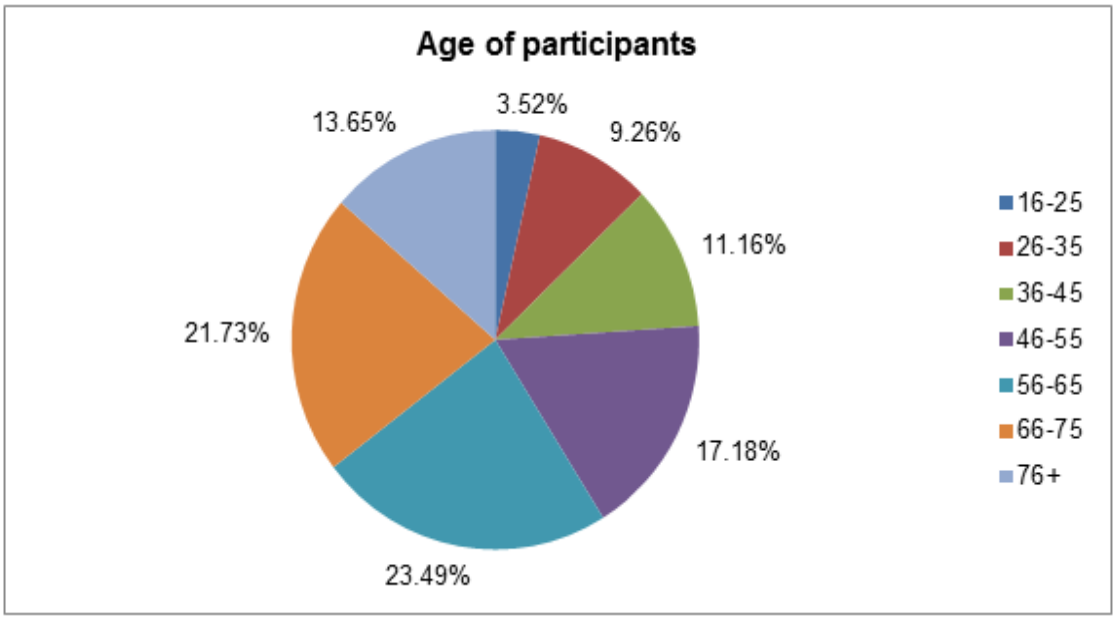
Older People
Between 2008 and 2009 the very elderly population has increased by 2.4% (from 28,000 to 28,700). In the ten-year period between 1999 and 2009 the very elderly population increased from 23,200 to 28,700, a rise of 23.4%;
6 Between 2008 and 2009 the pensioner population increased by 2.0% (from 295,800 to 301,900). In the ten-year period between 1999 and 2009 the pensioner population increased from 258,000 to 301,900, a rise of 17.0%; People over 60 in N Ireland now make</td></tr>
</table>

up 19% of the population. (NISRA 2009) (Age NI 2011) The number of people aged over 85 years has
increased by almost 25% in the past seven years and pensioner poverty is increasing and that poverty and inequality go together.

PCC is aware of the ages of people engaging with us through our Membership Scheme:

	Males			Females		
Age Group	**#**	**%**	**% pop**	**#**	**%**	**% pop**
No Age	543	14.33%	4.09%	1,315	13.86%	9.91%
16-24	290	7.65%	2.18%	975	10.28%	7.34%
25-34	389	10.27%	2.93%	1,079	11.37%	8.13%
35-44	377	9.95%	2.84%	996	10.50%	7.50%
45-54	521	13.75%	3.92%	1,306	13.77%	9.84%
55-64	562	14.83%	4.23%	1,371	14.45%	10.33%
65-74	582	15.36%	4.38%	1,271	13.40%	9.57%
75-84	405	10.69%	3.05%	902	9.51%	6.79%
85+	120	3.17%	0.90%	272	2.87%	2.05%
Total	3,789		28.54%	9,487		71.46%

PCC record the age of participants during involvement work in efforts to ensure representative population samples. These figures can highlight difficulties in involving particular age sectors within the population. The following demonstrates the age of participants in our work ‘Peoples Experience of Hospital Waiting Lists’ March 2018:



Religion

Data on the religious background of PCC staff shows that:

Community Background	Sum of Headcount by Person
Not assigned	20.83%
Perceived Protestant	8.33%
Perceived Roman Cath	12.50%
Protestant	33.33%
Roman Catholic	25.00%

Political Opinion

PCC staff data shows that the majority of staff have not disclosed their political opinion:

Political Opinion	Sum of Headcount by Person
Broadly Unionist	8.33%
Not assigned	91.67%
Grand Total	100.00%

However, population level data shows that when asked the question **"Generally speaking, do you consider yourself as a unionist, a nationalist or neither?"**, 29% of respondents described themselves as Unionist; 24% described themselves Nationalist; 46% described themselves as Neither 46% and 2% said Other/ don't know. **(**Northern Ireland Life and Times, 2016)

64.8% of the population voted in the 2017 NI Assembly election.

	The results below demonstrate to us the differing political opinion in Northern Ireland: (Northern Ireland Assembly - Election Report: Northern Ireland Assembly Election, 2 March 2017)

Party	Seats	+/-	First Preference Votes	Vote Share (%)	+/- (pp)
DUP	28	-10	225,413	28.1	- 1.1
Sinn Féin	27	-1	224,245	27.9	3.9
UUP	10	-6	103,314	12.9	0.3
SDLP	12		95,958	11.9	- 0.1
Alliance Party	8		72,717	9.1	2.1
TUV	1		20,523	2.6	- 0.9
Green	2		18,527	2.3	- 0.4
Independents	1		14,407	1.8	- 1.5
PBPA	1	-1	14,100	1.8	- 0.2
PUP			5,590	0.7	- 0.2
Conservative			2,399	0.3	- 0.1
Others			6,122	0.8	-1.6
Totals	90		803,315		

Marital Status

2019 PCC staff data shows the marital status of current staff:

Marital Status	Sum of Headcount by Person
Mar/CP	41.67%
Other	4.17%
Separated	4.17%
Single	16.67%
Unknown	33.33%
Grand Total	100.00%

Annual Reports of the Registrar General for NI show that between 2005 to 2017 inclusive, there have been 1202 civil partnerships registered in NI.
There were 8300 marriages registered in Northern Ireland in 2017, an increase on the 2005 figure of 8,140 marriages.

Dependent Status

PCC staff data shows that:

Caring Responsibility	Sum of Headcount by Person
Not Assigned	83.33%

Yes	16.67%
Grand Total	100.00%

Official statistics (Health Survey NI, 2016/17) show that of the NI population:

- 13% have caring responsibilities
- Approximately 70% receive no monetary reward for giving this care
- 48% received help from other family members, but 38% received no support from others

Based on information from Carers Northern Ireland:

- 1 in every 8 adults is a carer.
- There are approximately 207,000 carers in Northern Ireland.
- Any one of us has a 6.6% chance of becoming a carer in any Year.
- One quarter of all carers provide over 50 hours of care per week.
- People providing high levels of care are twice as likely to be permanently sick or disabled than the average person.
- Approximately 30,000 people in Northern Ireland care for more than one person.
- 64% of carers are women; 36% are men.
- By 2037 the number of carers could have increased to 400,000.

Disability

Staff data shows that there is a large proportion of missing information in relation to staff declaring they have a disability:

Disability Status	Sum of Headcount by Person
No	54.17%
Not assigned	41.67%
Yes	4.17%
Grand Total	100.00%

More than one person in five (300,000) people in Northern Ireland has a disability. The incidence of disability in Northern Ireland has traditionally been higher than Great Britain Persons with limiting long term illness 20.36% in Northern Ireland.

Data from the last census shows that 20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities.

<table>
<tr><td></td><td>68.57% (1, 241709) of residents did not have long – term health condition.

• 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)</td></tr>
<tr><td>Ethnicity</td><td>Again, there is a large proportion of missing data in the staff monitoring statistics in relation to ethnic group:

<table><tr><td>Ethnicity</td><td>Sum of Headcount by Person</td></tr><tr><td>Not assigned</td><td>79.17%</td></tr><tr><td>White</td><td>20.83%</td></tr><tr><td>Grand Total</td><td>100.00%</td></tr></table>
However, population level data published in 2017 shows that: Ethnicity White 98.2% (1,409,000); All other Ethnicities 1.8% (26,000) (Northern Ireland Pooled Household Survey (NIPHS) tables, 2017).

Information from the HSC Interpreting Service for the September 2017 – February 2018 Top 20 languages below for more recent info. Most notably is an increase in the use of Arabic interpretive services with 5984 requests in this period compared to 6203 requests in the whole of 2016/17.</td></tr>
</table>

1. Polish	15376
2. Lithuanian	8117
3. Arabic	5984
4. Romanian	5158
5. Portuguese	4365
6. Tetum	2913
7. Bulgarian	2658
8. Slovak	2531
9. Chinese - Mandarin	2492
10. Hungarian	1478
11. Chinese - Cantonese	1426
12. Russian	1268
13. Latvian	953
14. Somali	596
15. Czech	477
16. Spanish	351
17. Chinese - Hakka	334
18. Bengali	283
19. Farsi	199
20. Pashto Central	188

Travelling Community

3905 Irish Travellers in Northern Ireland based on All Ireland Traveller Survey 2010. Main Areas of Traveller Population: Belfast , Newry and Armagh ,Foyle ,Mid Ulster ,West Tyrone
Travellers live in a range of accommodation types, including social housing, serviced sites, grouped homes, on public land, private rented land, and on the side of the road.
Mortality rates among Traveller children up to 10 years of age have been found to be 10 times that of children from the 'settled' population. ('Key Inequalities' document, Equality Commission for Northern Ireland).

Chinese Population

Currently there are around 8,000 Chinese residents in Northern Ireland, representing 51% of the total ethnic minority population. The Chinese community is currently the largest and most dispersed ethnic minority group living in Northern Ireland. The

<table>
<tr><td></td><td>majority of this community live in the Greater Belfast Urban Area. There are also significant numbers in Craigavon, Lisburn, Newtownabbey and North Down. Irwin and Dunn, noted in their study of ethnic minorities that the Chinese community is growing at a faster rate than the general population (Chinese Welfare Association website).</td></tr>
<tr><td>Sexual Orientation</td><td>Staff data shows a large proportion of missing information relating to sexual orientation
<table>
<tr><th>Sexual orientation</th><th>Sum of Headcount by Person</th></tr>
<tr><td>Not assigned</td><td>87.50%</td></tr>
<tr><td>Opposite sex</td><td>12.50%</td></tr>
<tr><td>Grand Total</td><td>100.00%</td></tr>
</table>
Although there are reliable population level statistics on the proportions of people who identify as lesbian, gay or bisexual (LGB), it is estimated the one in ten people in N Ireland are LGB.</td></tr>
</table>

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	Female members of staff may feel less safe to attend appointments by themselves.
Age	The PCC recognise that younger staff members may be less experienced in assessing the risks and managing lone working relative to older or more experienced staff.
Religion	Staff may have concerns working in an area perceived to be of a particular religious community.
Political Opinion	Staff may have concerns working in an area perceived to be of a particular political denomination.
Marital Status	With reference to a ‘buddy’ system within the policy, the PCC need to consider if next of kin details need to be disclosed to

	management as a safety precaution. Staff may be reluctant to share same, particularly if they are in a civil partnership, or have recently separated from their spouse/ partner and do not want to share this information.
Dependent Status	With reference to a 'buddy' system within the policy, the PCC need to consider if next of kin details should to be disclosed to management as a safety precaution. Staff members may be reluctant to share same. The PCC need to take into account timing and venues for training and the implications this could have for carers and/ or lone parents.
Disability	The PCC need to consider accessibility issues regarding communication and training in use of the policy. This includes accounting for the needs of those who are blind/deaf and/ or have either a learning or other form of disability.
Ethnicity	Staff who are from an ethnic minority may have concerns about communication issues and working in areas of different ethnic backgrounds. For example, data collected by the PSNI show that the numbers of hate crimes attributable to ethnicity have increased dramatically in recent years, with racist incidents exceeding sectarian incidents and crimes in 2017/18. There is also evidence that staff working within the health sector are vulnerable to racist abuse. An NHS survey published in 2019 found that 29% of black or minority ethnic (BME) NHS staff experienced harassment, bullying or abuse from patients, patients' relatives or the public in the last 12 months.
Sexual Orientation	Staff who identify as gay, lesbian or bisexual may be more vulnerable to homophobic abuse than those who are identify or are perceived to be heterosexual. NISRA and PSNI research shows that homophobic motivated incidents and crimes generally increased between 2006/07 and 2015/16 to reach the highest level recorded since the data series began in 2004/05.

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.

No impacts identified.

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?***
Religion/Political opinion: When planning meetings, PCC will consider the need for a neutral venue/location or locations that are representative of all communities. **Dependants/Marital Status**: PCC will continue to take the needs of people with dependants into account, in relation to the timing of engagement activities, and consideration of reimbursement of reasonable childcare costs. **Ethnicity**: The PCC will consider all requests for interpreting and translation to meet the needs of those whose first language is not English. All PCC literature is available in other formats on request.	Include a question in the HSC staff survey Ensure the topic of 'Lone Working' is addressed regularly at team meetings – discuss is the policy working/any improvements?

Gender: The PCC will ensure that appropriate staff, of the right gender are available for lone working where it will not impact on engagement – this may vary depending on the type of project e.g. it would not be appropriate to send 2 men to discuss miscarriage with women. The PCC have requested that 2 members of staff are required if a home visit is necessary. **Disability:** PCC will continue to provide easy read versions of documents where appropriate and will use plain English in all communication. PCC provides sign language interpreting services for involvement events. PCC will continue to offer involvement online and via face to face methods and include paper versions of our questionnaires for those without access to computers or the internet. All venues used by PCC will be fully accessible. Meeting in people's own homes gives people who are house bound to share their views face to face on HSC services. For people who are unable to read the PCC have developed an online video outlining the complaints service it provides. This will be promoted through the PCC web site and Facebook.	

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

Mitigation is in place in relation to any impacts identified during the screening process for the Section 75 groups.

(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?

In seeking to engage with people the Patient and Client Council looks to meet the duties of the Disability Discrimination Order, and most specifically promote participation in public life.

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 PCC will get feedback on the Lone Working policy from the Tapestry Forum

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?***
Meeting in people's own homes gives people who are house bound to share their views face to face on HSC services. As the Patient's voice in Northern Ireland, the PCC needs to hear from all sections of the population to influence change.	

(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	Does this raise legal issues?*

		upon?	Yes/No

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

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

The Patient and Client Council has a strong commitment to promoting the involvement of people in decisions about their health and social care services.
This policy on participation and engagement and involvement of people and reflects a commitment to promoting people's rights.

(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
Review staff feedback to reflect engagement with Section 75 groupings.		

Approved Lead Officer: Jackie McNeill

Position: Head of Development and Corporate Services

Date: 10/04/2018

Policy/Decision Screened by: Jackie McNeill

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.