

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

Involving You, the engagement policy of the Patient and Client Council

1.2 Description of policy or decision

This policy provides a guide for how the Patient and Client Council involves people in its work. It describes a range of techniques that it will use to ensure our work is inclusive, innovative and makes a difference. This policy reflects what people have told the PCC through its public engagement work over the past 8 years and it aims to put people at the centre of our work.

The Policy has 5 main principles

Principle 1 - People will be involved in a way that is appropriate

Principle 2 - People will be involved in ways that are accessible

Principle 3 - People will be kept informed

Principle 4 - Involving people will make a positive difference

Principle 5 - In partnership with you we will continually review what we

The approaches that the Patient and Client Council use will:

- be appropriate for the people it wants to engage with
- be appropriate to the decision being made
- offer a range of different opportunities to participate
- be cost effective

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 policy sets out how the PCC undertakes Personal and Public Involvement. “Personal and Public Involvement” or “PPI” is the agreed terminology used as an umbrella term to describe the involvement agenda in Health and Social Care. It was introduced and defined in the Department of Health, Social Services and Public Safety (The Department) guidance circular HSC (SQSD) 29/071, and reflects the integrated nature of services delivered by Health and Social Care

(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
- Monitoring data on PCC's Membership Scheme
- PCC Reports and Organisational Intelligence

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.

Do you collect/have available any equality data on who you have engaged with in the past?

Sean mentioned there is some progress to be made with ethnic minority groupings – is there evidence of this, or does this come from a working knowledge of which groups have been engaged with?

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	The PCC is aware of the Gender breakdown in Northern Ireland as detailed in the Northern Ireland Census 2011.

Male 49%
Female 51%

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%

Age

Children 0-4 yrs 115,238-24%of the population
5 to 11 years- 175,202- 36.75%
12 to 15 years- 107,616- 22.6%
Young people 16 to 18 years- 78,850- 16.5%
Total under 19 years 476,906- 28.3%

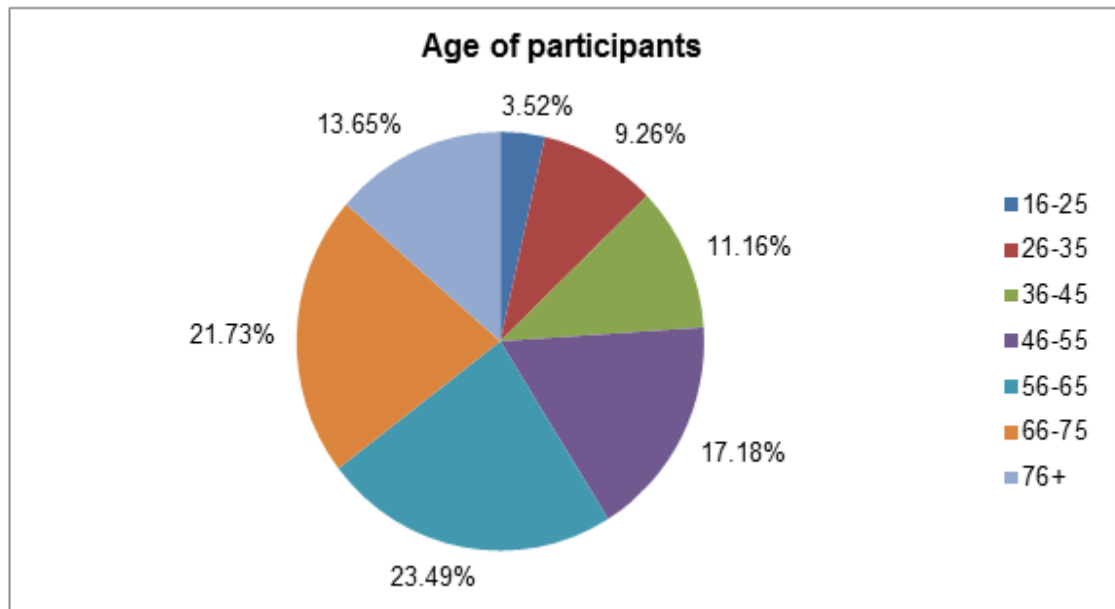
Older People
Between 2008 and 2009 the very elderly population has increased by 2.4% (from 28,000 to 28,700). In the ten-year period between 1999 and 2009 the very elderly population increased from 23,200 to 28,700, a rise of 23.4%;
6 Between 2008 and 2009 the pensioner population increased by 2.0% (from 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 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:

Age Group	#	Males		Females		
		%	% 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	Catholic 40.28% Church of Ireland 15.3% Presbyterian 20.69% Methodist 3.15% Religion not stated 13.8%
Political Opinion	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:

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		

(Northern Ireland Assembly - Election Report: Northern Ireland Assembly Election, 2 March 2017)

Marital Status

There were 8,259 marriages registered in Northern Ireland in 2006, an increase of 119 marriages or 1.5% on the 2005 figure of 8,140 marriages.

The number of marriages registered in 2006 is significantly higher than the lowest number recorded in 2001 of 7,281 marriages.

There is no evidence to suggest that marital status has a higher or lower uptake in relation to public participation.

Single never married 33.1%

Married 48.45%

Divorced 3.40%

Separated 3.34%

Dependent Status

Based on the most recent information from Carers Northern Ireland, the following facts relate to carers.

1. 1 in every 8 adults is a carer

2. There are approximately 207,000 carers in Northern Ireland

3. Any one of us has a 6.6% chance of becoming a carer in any year

4. Carers save the Northern Ireland economy over £4.4 billion a year - more than the annual NHS spending in Northern Ireland.

5. The main carers' benefit is worth just £55.55 for a minimum of 35 hours - £7.94 per day

6. One quarter of all carers provide over 50 hours of care per week

7. People providing high levels of care are twice as likely to be

	<p>permanently sick or disabled than the average person</p> <p>8. Approximately 30,000 people in Northern Ireland care for more than one person</p> <p>9. 64% of carers are women; 36% are men</p> <p>10. By 2037 the number of carers could have increased to 400,000</p> <p>This information at be accessed at info@carersni.org – June 2011.</p>																												
Disability	<p>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</p>																												
Ethnicity	<p>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.</p> <table border="1"> <tr> <td>1. Polish</td> <td>15376</td> </tr> <tr> <td>2. Lithuanian</td> <td>8117</td> </tr> <tr> <td>3. Arabic</td> <td>5984</td> </tr> <tr> <td>4. Romanian</td> <td>5158</td> </tr> <tr> <td>5. Portuguese</td> <td>4365</td> </tr> <tr> <td>6. Tetum</td> <td>2913</td> </tr> <tr> <td>7. Bulgarian</td> <td>2658</td> </tr> <tr> <td>8. Slovak</td> <td>2531</td> </tr> <tr> <td>9. Chinese - Mandarin</td> <td>2492</td> </tr> <tr> <td>10. Hungarian</td> <td>1478</td> </tr> <tr> <td>11. Chinese - Cantonese</td> <td>1426</td> </tr> <tr> <td>12. Russian</td> <td>1268</td> </tr> <tr> <td>13. Latvian</td> <td>953</td> </tr> <tr> <td>14. Somali</td> <td>596</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
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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 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).

There may be added difficulty for those with language barriers

Sexual Orientation	It is estimated the one in ten people in N Ireland are from Lesbian Gay Bisexual Transgender groups.
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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.

<i>Category</i>	<i>Needs and Experiences</i>
Gender	<p>The work of the PCC has demonstrated the challenges associated with involving males in our work. PCC report @ 'Access to GP Services' May 2014, notes; Questionnaire respondents, Male 31.2% Female 64.1%</p> <p>It is further evidenced in other PCC work, including most recently 'Peoples Experience of a Hospital Waiting List' March 2018, were 60% of participants were female and 40% were male.</p> <p>The PCC have made efforts to address this by targeting specific male audiences, interest groups and male dominated workplaces.</p> <p>Female members of the public are more often associated with childcare and caring roles. The PCC have targeted locations and organisations that work with and support these groups such as Surestart and Carers Trust.</p> <p>Females are more likely to have caring responsibilities than their male counterparts – see dependent section below.</p>
Age	<p>The PCC recognise that older people can be a hard to reach group, and can have particular needs in relation to communication. The PCC have taken steps to overcome this by providing our Membership Newsletter via post on a paper format and have also made a large print version available. The</p>

	<p>Newsletter is also available online for those who find this a more accessible format.</p> <p>All PCC questionnaire work is carried out with both paper and online versions to enhance participation from older people. People can use Freepost envelopes provided to make the return process as easy as possible.</p> <p>Young people can also be a hard group to sign up to the membership scheme or participate in PPI projects. PCC recognise that complexity of language can be a barrier for some groups and therefore always aim to use plain English in our communications to encourage involvement from both younger and older people.</p> <p>The PCC has also visited work places to access the views of people of a working age who may not necessarily come in to contact with us in the course of their working day.</p>
Religion	<p>PCC is a regional organisation and we recognise that many communities in Northern Ireland are divided by religion, and may be less likely to attend an event in a location that is associated with one particular community.</p> <p>In our work we aim to be present in all areas to mitigate any negative impact on any religious community and ensure our locations for engagement reflect this knowledge. This would include attending events in a variety of Church denominations.</p> <p>We also make efforts to engage with different minority ethnic groups which commonly parallel different religions beliefs.</p> <p>Some engagement venues associated with a particular religion may be perceived as unwelcoming to those from a different religion.</p>
Political Opinion	<p>See issues raised in religion section above. PCC Coffee Connections events held in Autumn 2017 demonstrate our recognition of different political opinion. These events were held across Northern Ireland and particular attention was paid to ensure all communities were afforded the opportunity of involvement. For example; our events in Belfast where located in</p>

	<p>North, South, East and West of the city in recognition of the different political opinion across this area.</p>
Marital Status	<p>Issues for those with dependents (see below) in terms of timing and location of meetings may be exacerbated for single parents.</p>
Dependent Status	<p>The PCC note that involvement events and engagement times may have an impact on people with dependants and particularly single parents.</p> <p>The PCC recent Coffee Connect events were held at different times of the day (morning, afternoon and evening) to assist people who have these responsibilities. We have also offered a number of these events on weekends. PCC representatives attend other weekend events in effort to engage with people.</p> <p>All PCC questionnaires are available online to allow people to become involved at a time that suits their needs.</p> <p>PCC recognise that those with dependents can have particular needs . PCC have taken steps to assist people to become involved including offering to reimburse travel costs and costs for providing care.</p> <p>Those with dependants may have particular needs in relation to timing of engagement events. Payment of childcare costs to support participation?</p>
Disability	<p>People with disabilities may have particular needs in relation to access to buildings/venues for meetings. People with a learning disability or sensory impairment may require some form of additional support when attending meetings or engagement events.</p> <p>People with a disability may require accessible formats to be made available; those with a learning disability may need communication to be tailored to their needs, including Plain English.</p>

	When deciding on methods of engagement, consideration will need to be given to the fact that people with a disability may be less likely to have access to a computer or the internet.
Ethnicity	Some potential issues relating to people whose first language is not English, and the need to ensure arrangements are in place to provide interpreting and translation on request; this will be particularly important for communications utilising more complex, medical/clinical terminology and language. Some potential issues in that those who are new to NI may not have an understanding of HSC services / how to access them. They may also be less likely to have heard of PCC and understand what they do.
Sexual Orientation	There are no known issues.

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?

<p><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></p>	<p><i>What do you intend to do in future to address the equality issues you identified?</i></p>
<p>No issues identified</p> <p>This policy document was developed as a result of direct dialogue with patients, service users, carers and community representatives. It was based on feedback received from April 2009 to March 2012.</p> <p>In addition, members of the Patient and Client Council Membership Scheme, members of its Local Advisory Committees and community representatives helped us shape this policy.</p> <p>More recently, in 2016 a public consultation on this policy was carried out online and through focus group work to capture views on the PCC Principles.</p>	<p>Age: The PCC will attend fresher events, schools and colleges to encourage young people to get involved in HSC issues.</p> <p>Ethnicity: The involving you strategy has been amended to highlight the PCC approach to assist the PCC partnership working with Voluntary and Community Organisations. This will aid in the access of specific audiences such as ‘The Travelling Community’ and people from minority ethnic groups. PCC will consider all requests for interpreting and translation to meet the needs of those whose first language is not English.</p> <p>Gender: To address the challenge of involving more men in our work; PCC introduced staff targets for recruiting more men to the PCC Membership Scheme. A target was also set for engaging with men in their workplaces or in the community.</p> <p>Historically PCC ask certain questions about questionnaire participants in the ‘About you’ section. The research committee will consider this section to include all section 75 groups as appropriate.</p> <p>Disability: PCC will continue to provide easy read versions of documents where appropriate and will use plain English in all communication.</p>

	<p>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.</p> <p>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.</p> <p>Religion/Political opinion: When planning engagement events and meetings, PCC will consider the need for a neutral venue/location or locations that are representative of all communities.</p> <p>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.</p>
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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)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
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. It is not thought that subjecting the policy to an EQIA will present further 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?

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.

<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>
<p>The Patient and Client Council will work to ensure that:</p> <ul style="list-style-type: none"> • Involvement will be accessible for all people • Provide support to encourage people to take part • Work in partnership with other organisations to maximise involvement 	<p>Other important issues for people are skills and confidence. A lack of confidence can be a barrier to participation. Training is linked with improved confidence to participate. The PCC will continue to support people and offer skills training to enable effective engagement with Health and Social Care services. This will include the targeting of disability related groups.</p>

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>
<p>PCC will continue to use info graphics in our reports and communications to enhance understanding for people with</p>	

poor literacy, and to use imagery that portrays disabled people in a positive manner.	
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(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.

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
Diary of events to reflect engagement with Section 75 groupings.	Diary of events to reflect engagements with 75 groups. The PCC will continue to monitor people who register as a member, through capturing those who have visual impairments.	The PCC will continue to capture and monitor information on member's age and gender.

Approved Lead Officer: Jackie McNeill

Position: Head of Development and Corporate Services

Date: 27/02/2018

Policy/Decision Screened by: Jackie McNeill

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

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