# Equality, Good Relations and Human Rights Screening

This organisation is required to consider the likely equality implications of any policies or decisions. In particular, it is asked to consider:

**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 or 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 or none)**

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

# Equality, Good Relations and Human Rights SCREENING TEMPLATE

## (1) Information about the Policy or Decision

### 1.1 Title of policy or decision

RQIA Strategic Plan 2022-2028

### 1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's Health and Social Care (HSC) services. RQIA was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) to drive improvements for everyone using health and social care services.

RQIA has developed a Strategic Plan 2022 to 2028, which sets out the business context in which the organisation operates, its Strategic Objectives/Aims and Outcomes for this period, as well as Key Enabling Priorities.

The Strategic Plan outlines the organisation's purpose, commitment, focus and vision of being a driving force for improvement in the quality of health and social care in Northern Ireland. This Plan will be used by RQIA as a document to ensure the strategic direction is set for the next number of years, taking account of the responses from the public consultation with stakeholders via a Public Consultation which ran for 14 weeks from August 2022 to November 2022, the vision set out by the Minister of Health in *Health and Wellbeing 2026: Delivering Together,* Department of Health (DoH) priorities and the Draft *Programme for Government Framework,* within the context of financial constraints and HSC reform and restructuring.

- **how will this be achieved? (key elements)**

To date, it has been the practice for the Department of Health (DoH) to utilise the RQIA Corporate Strategy (now named the RQIA Strategic Plan) and Annual Business/Management Plans as a basis for accountability reviews in

order to check progress periodically throughout the year. RQIA will also use the Strategic Plan internally to guide action and update performance management metrics and risk registers. The Plan is also useful to stakeholders to show the strategic direction of RQIA.

The Strategic Plan for 2022 to 2028 is driven by the RQIA corporate planning process into the operational layers of the organisation. Each business area within RQIA will have its own local business plan which reflects the Strategic Objectives and feeds into the corporate Plan. These local business plans form the basis of work for Directors, Assistant Directors, Managers and Staff across the organisation and of individual and team performance appraisals.

The RQIA Strategic Objectives/Aims will be in the areas of:

1. **Scrutiny: register, inspect, report and enforce**
   Providing independent oversight of the quality of health and social care services against regulations and standards, through robust assessment of those providers who are required to register with us; inspection of services; meaningful reporting of our findings; and taking proportionate enforcement action.

2. **Improve: safety and quality**
   Improving safety and quality through effective information gathering and assessment; involving and listening to people who use or are impacted by services and those who work there; learning from Public Inquiries and other Reports; and use existing networks and create new ones to share learning, evidence the impact of poor practice, showcase good practice and encourage its adoption.

3. **Build: partnerships to strengthen safety**
   Building effective relationships and partnerships that expand our knowledge and bring additional expertise, and work together to protect the safety of service users and the public, sharing and connecting information to help identify emerging issues and risks and take effective action.

4. **Inform: service transformation**
   Our inspections, reviews and reports inform policy decisions, influence service transformation, raise standards and shape services, “building in” improved safety, and promote adoption of effective practices and service models, driving out poor practice and performance.

It is supported by three Key Organisational Enabling Priorities:

- Excellence in governance and collective leadership, promoting a culture of safety, openness and compassion;
- Developing a confident, competent and supported workforce; and
- Ensure effective management of our resources including finance, information technology and accommodation.

The context in which the Strategic Plan is written relates to:

- *'New Decade, New Approach'* agreement (UK & Irish Governments, January 2020);
- Continuing to support the NI Programme for Government, the Public Health Agenda and Transformation of Health and Social Care;
- Technology as underpinning and supporting transformation processes;
- Engaging, empowering and enriching the work-life experience of RQIA staff; an
- Highlights of key achievements from 2021/2022 and 2022/2023.

- **what are the key constraints? (for example financial, legislative or other)**

The RQIA Strategic Plan takes account of DoH priorities, particularly the draft *'Programme for Government 2016-21'* framework and the vision set out in *'Health and Wellbeing 2026: Delivering Together'*. These DoH priorities, set within the context of ongoing financial constraints and HSC reform and restructuring, have contributed to a strong focus on transformation and a 'one-system' ethos within HSC. The rationale for this is aligned with the NI Programme for Government and Public Health Agenda and the current challenging economic environment.

Following the UK's vote in June 2016 to leave the EU it has become evident that a number of important Brexit-related issues will impact on the HSC and require resolution. RQIA will play its part along with the DoH and other stakeholders in planning to provide assurance that HSC services continue to operate with quality and will report on where improvements are required and could be made, following EU Exit.

RQIA is also cognisant of its founding legislation (2003 Order) and other relevant legislation and regulations, the Programme for Government, Ministerial and Management Statement and Financial Memorandum (MSFM) requirements (to be replaced by the DoH / RQIA Partnership Agreement in 2023/2024 and the current challenging economic environment.

In developing the Strategic Plan, we have paid attention to a wide range of stakeholders, particularly to those with:

- Physical disabilities;
- Sensory disabilities;
- Autism Spectrum Disorder; Dyslexia; Cognitive Impairment; Learning disability
- Mental health conditions; and,

- Long-term conditions.

Objectives and targets relating to Section 75 have been and will be integrated into the Strategic Plan and the resulting Annual business plans.

**1.3 Main stakeholders affected (internal and external)**

**For example, staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others**

**Internal Stakeholders**
- RQIA Employees
- RQIA Chair and Authority Members
- RQIA Committees and Groups

**External Stakeholders**
- Department of Health (DoH)
- HSC Trusts and health and social care organisations
- The independent healthcare sector
- Voluntary sector
- General public, service users, their relatives and carers
- External, Third Party Contractors (procured through the appropriate Public Procurement Methods)
- Trade Unions

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

- **what are they?**

- Programme for Government Draft Outcomes Framework 2021
- Draft NI Programme for Government 2016-2021
- *"Transforming Your Care", a review of Health and Social Care in NI* (DoH, 2011)
- *'Quality 2020', a 10-year strategy to Protect and Improve Quality in Health and Social Care in NI (DoH, 2011)*
- *'Making Life Better': a whole system strategic framework for public health 2013-2023* (DoH, 2016*)*
- *Health and Wellbeing 2026: 'Delivering Together'* (DoH, 2016)
- *'Rebuilding HSC Services Strategic Framework'* (DoH, May 2020)

- **who owns them?**

- NI Assembly
- DoH
- Strategic Planning and Performance Group (SPPG)
- Public Health Agency

## (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.**

Other sources of equality data include:

- Census 2021 and 2011 data published by the Northern Ireland Statistics and Research Agency (NISRA).
- Section 75 equality profile of our staff (Dec 2022)
- Internal directorate/team meetings, Executive Management Team (EMT) and RQIA Authority engagement.
- Human Resources statistics and workforce data for RQIA.
- McBride, R.S. (2011): Healthcare Issues for Transgender People Living in Northern Ireland. Belfast.
- Equality Commission NI, 2006.
- http://www.carersuk.org/northernireland/news-ni/facts-and-figures
- http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm - Health Survey NI 2012-13.
- Research Reports including from GIRES (Gender Identity Research and Education Society) and Getting and staying in work - LLTI 2001 - Research Report (nisra.gov.uk)
- Previous screening and equality impact assessment analysis where equality issues were highlighted.
- Previous work in relation to our Plans.

## 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.**

In the table below, we firstly consider data relevant for our Equality Action Plan, followed by data relevant to the Disability Action Plan.

| ***Category*** | ***What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?*** |
|---|---|
| Gender | **Equality**<br>The proportion of females in 2021 was 50.8% (967,043) and of males was 49.2% (936,132) (total population of 1,903,175)<br><br>**GIRES 2014** estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office and subsequently updated:<br>• gender nonconforming to some degree (1%)<br>• likely to seek medical treatment for their condition at some stage (0.2%)<br>• receiving such treatment already (0.03%)<br>• having already undergone transition (0.02%)<br>• having a GRC (0.005%)<br>• likely to begin treatment during the year (0.004%).<br><br>The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among youngsters is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men). |

<table>
<tr><td></td><td>Applying GIRES figures to NI population n=1,810,900 (Census 2011):<ul><li>18,109 people who do not identify with gender assigned to them at birth</li><li>3,622 likely to seek treatment</li><li>362 have undergone transition</li><li>91 have a Gender Recognition Certificate</li></ul>Disability<br>The Northern Ireland Statistics and Research Agency (NISRA) in its 2007 report on disability – whilst it is recognised that the report is dated – indicated that:<br>There is a higher prevalence of disability among adult females with 23% of females indicating that they had some degree of disability compared with 19% of adult males;<ul><li>Male prevalence rates are only higher than female rates amongst the youngest adults (16 to 25): 6% of males compared with 4% of females;</li><li>8% of boys aged 15 and under were found to have a disability, compared with 4% of girls of the same age.</li></ul>Figures from the Census 2011 show that there is a higher prevalence of females whose activities are ‘limited a lot’ – 13% of females compared to 11% of males due to their disability. However, this is to be expected given their longer life expectancy.<br><br>RQIA staff data:<table><tr><td>Male</td><td>25.15%</td></tr><tr><td>Female</td><td>74.85%</td></tr></table></td></tr>
<tr><td>Age</td><td>Equality<br><br>Age profile of the NI population (Census 2021):<br><br>Age band Population Percentage<br>0-14 365,200 19.2%<br>(15-64 1,211,500 63.7%)<br>15-39 594,400 31.2%<br>40-64 617,100 32.4%<br>(65+ 326,500 17.2%)<br>65-84 287,100 15.1%</td></tr>
</table>

85+ 39,400 2.1%
All ages 1,903,200 100%

**Disability**

Northern Ireland Statistics and Research Agency (NISRA) in its 2007 report indicated that prevalence of disability increases with age: ranging from 5% among young adults to 67% among those who are very old (85+);

As the population ages, so does the likelihood of having a disability that limits the day to day activities 'a lot'. Figures from 2011 Census of people who are limited a lot by their disability are as follows within the following categories;

Male

0-15 – 3%
16-44 – 5%
45 – 64 – 16%
65 and over – 33%

Female

0 – 15 – 2%
16 – 44 – 5%
45 – 64 – 17%
65 and over – 38%

Overall there are greater proportions of older people with a disability.

**RQIA staff data:**

| | |
|---|---|
| 16-24 | 4.09% |
| 25-29 | 2.92% |
| 30-34 | 4.68% |
| 35-39 | 9.94% |
| 40-44 | 8.77% |
| 45-49 | 19.30% |
| 50-54 | 19.30% |
| 55-59 | 15.79% |
| 60-64 | 9.36% |
| >=65 | 5.85% |

| | |
|---|---|
| Religion | **Equality**<br>**Census 2021** |

<table>
<tr><td></td><td>
Current Religion
<ul>
<li>‘no religion’ (17.4%)</li>
<li>‘religion not stated’ (1.6%)</li>
<li>Catholic (42.3%)</li>
<li>Presbyterian Church in Ireland (16.6%)</li>
<li>Church of Ireland (11.5%)</li>
<li>Methodist (2.4%)</li>
<li>Other Christian denominations (6.9%)</li>
<li>Other non-Christian Religions (1.3%).</li>
<li></li>
</ul>
Religion/religion of upbringing (Number - Percentage)<br><br>
Catholic 869,800 45.7%<br>
Current religion 805,200 42.3%<br>
Religion of upbringing 64,600 3.4%<br><br>
Protestant and other Christian (including Christian related) 827,500 43.5%<br>
Current religion 711,000 37.4%<br>
Religion of upbringing 116,600 6.1%<br><br>
Other religions 28,500 1.5%<br>
Current religion 25,500 1.3%<br>
Religion of upbringing 3,000 0.2%<br>
None 177,400 9.3%<br>
All usual residents 1,903,200 100.0%<br><br>
Disability<br>
Not available broken down by disability.<br><br>
RQIA staff data:
<table>
<tr><td>Perceived Protestant</td><td>0.58%</td></tr>
<tr><td>Protestant</td><td>28.07%</td></tr>
<tr><td>Perceived Roman Catholic</td><td>58.00%</td></tr>
<tr><td>Roman Catholic</td><td>28.65%</td></tr>
<tr><td>Neither</td><td>6.43%</td></tr>
<tr><td>Not assigned</td><td>0.00%</td></tr>
</table>
</td></tr>
<tr><td>Political Opinion</td><td>
Equality<br><br>
Census 2021<br><br>
National identity (nationality based) (Number – Percentage)
</td></tr>
</table>

- British 814,600 42.8%
- Irish 634,000 33.3%
- Northern Irish 598,800 31.5%
- English 16,800 0.9%
- Scottish 10,200 0.5%
- Welsh 2,000 0.1%
- Other national identities 113,400 6.0%

National identity (person based) (Number – Percentage)

- British only 606,300 31.9%
- Irish only 554,400 29.1%
- Northern Irish only 376,400 19.8%
- British & Northern Irish only 151,300 8.0%
- Irish & Northern Irish only 33,600 1.8%
- British, Irish & Northern Irish only 28,100 1.5%
- British & Irish only 11,800 0.6%
- English only/Scottish only/Welsh only 16,200 0.9%
- Other combination of British/Irish/Northern Irish/English/Scottish/Welsh only 11,700 0.6%
- Other national identities 113,400 6.0%
- Polish only 23,900 1.3%
- Lithuanian only 11,900 0.6%
- Romanian only 7,100 0.4%
- Portuguese only 6,900 0.4%
- Bulgarian only 4,300 0.2%
- Indian only 4,100 0.2%
- Other national identity with one or more of British/Irish/Northern Irish/English/Scottish/Welsh only 12,700 0.7%
- Other national identities 42,600 2.2%
- All usual residents 1,903,200 100.0%

**Disability**
Not available broken down by disability.

**RQIA staff data:**

| | |
|---|---|
| Broadly Nationalist | 0.00% |
| Other | 0.58% |
| Broadly Unionist | 0.00% |
| Not assigned | 95.32% |

| | | |
|---|---|---|
| | Do not wish to answer | 4.09% |

**Marital Status**

**Equality**

[Please note: Census 2021 data relating to marital status has not yet been released (as of the date of this screening)]

Census 2011:

- 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

**Disability**

Not available broken down by disability.

**RQIA staff data:**

| | |
|---|---|
| Divorced | 2.92% |
| Married/Civil Partnership | 36.26% |
| Other | 0.00% |
| Separated | 0.58% |
| Single | 7.60% |
| Unknown | 51.46% |
| Widow/er | 0.00% |
| Not assigned | 1.17% |

**Dependant Status**

**Equality**

**Census 2021**

Table 17: Provision of unpaid care
('Provision of unpaid care' covers looking after, giving help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age. It excludes any activities carried out in paid employment.)

Northern Ireland All usual residents aged 5 and over 1,789,348
Percentage of usual residents aged 5 and over who provide:

| | |
|---|---|
| | No unpaid care 87.58%<br>1-19 hours' unpaid care per week 5.63%<br>20-34 hours' unpaid care per week 1.38%<br>35-49 hours' unpaid care per week 1.57%<br>50+ hours unpaid care per week 3.84%<br><br>**Carers NI (State of Caring 2022 report)**<br><br>There are over 290,000 people providing some form of unpaid care for a sick or disabled family member or friend in Northern Ireland – around 1 in 5 adults. (Carers UK (2022). Carers Week research report 2022.)<br><br>Of those participating in the survey…<br><br>• 82% identified as female and 17% identified as male.<br><br>• 4% are aged 25-34, 17% are aged 35-44, 33% are aged 45-54, 31% are aged 55-64 and 14% are aged 65+.<br><br>• 24% have a disability.<br><br>• 98% described their ethnicity as white.<br><br>• 28% have childcare responsibilities for a non-disabled child under the age of 18 alongside their caring role.<br><br>• 56% are in some form of employment and 18% are retired from work.<br><br>• 31% have been caring for 15 year or more, 16% for between 10-14 years, 25% for 5-9 years, 25% for 1-4 years, and 3% for less than a year.<br><br>• 46% provide 90 hours or more of care per week, 13% care for 50-89 hours, 23% care for 20-49 hours, and 19% care for 1-19 hours per week.<br><br>• 67% care for one person, 25% care for two people, 5% care for three people and 3% care for four or more people.<br><br>**Disability**<br><br>It may be concluded that a considerable share of people with a disability are carers themselves. |

<table>
<tr><td></td><td>RQIA staff data:
<table>
<tr><td>Yes</td><td>11.79%</td></tr>
<tr><td>Not assigned</td><td>81.03%</td></tr>
<tr><td>No</td><td>7.18%</td></tr>
</table>
</td></tr>
<tr><td>Disability</td><td>Census 2021<br><br>Out of all usual residents (n=1,903,179), the Percentage of usual residents whose day-to-day activities are:<br>Limited a lot – 11.45%<br>Limited a little – 12.88%<br>Not limited – 75.67%<br>('Day-to-day activities limited' covers any health problem or disability (including problems related to old age) which has lasted or is expected to last for at least 12 months.)<br><br>The breakdown of the various long-term conditions as outlined in the 2021 Census is:<br><br>
<table>
<tr><th>Type of long-term condition</th><th>Percentage of population with condition %</th></tr>
<tr><td>Deafness or partial hearing loss</td><td>5.75</td></tr>
<tr><td>Blindness or partial sight loss</td><td>1.78</td></tr>
<tr><td>Mobility of Dexterity Difficulty that requires wheelchair use</td><td>1.48</td></tr>
<tr><td>Mobility of Dexterity Difficulty that limits basic physical activities</td><td>10.91</td></tr>
<tr><td>Intellectual or learning disability</td><td>0.89</td></tr>
<tr><td>Learning difficulty</td><td>3.5</td></tr>
<tr><td>Autism or Asperger syndrome</td><td>1.86</td></tr>
<tr><td>An emotional, psychological or mental health condition</td><td>8.68</td></tr>
<tr><td>Frequent periods of confusion or memory loss</td><td>1.99</td></tr>
<tr><td>Long – term pain or discomfort.</td><td>11.58</td></tr>
<tr><td>Shortness of breath or difficulty breathing</td><td>10.29</td></tr>
<tr><td>Other condition</td><td>8.81</td></tr>
</table>
<br>Information on rare diseases provided by NI Rare Diseases Partnership www.nirdp.org.uk suggests 1 in 17 people is likely to be affected by a rare disease at some point in their lives; that is</td></tr>
</table>

| | |
|---|---|
| | around 110,000 people in Northern Ireland. A disease is “rare” if it affects fewer than 1 people per 2,000.<br><br>Research using data from 2011 (Getting and staying in work - LLTI 2001 - Research Report (nisra.gov.uk)) suggests that<br>• The disability employment gap in 2011 was 52.3 percentage points (pps) – the difference in employment rate between those with (31.4%) and without a long-term health problem or disability (83.7%) of the household population aged 30 to 59 years.<br>• A statistical modelling exercise found that general health explains around a quarter (25.7%) of the disability employment gap (13.4 out of 52.3pps). Other large contributors are educational qualifications (6.4pps) and providing unpaid care (5.6pps). The unexplained part (15.4pps) accounts for 29.5% of the disability employment gap.<br>• This analysis was repeated for several disabilities or health conditions. The employment gap ranges from 14.5pps for deafness or partial hearing loss, to 61.8pps for those with frequent periods of confusion or memory loss.<br>• The combination of general health, other health conditions and highest educational qualifications explained more than half of the employment gap for each condition except for those with an emotional, psychological or mental health condition (42.4%), which also has the largest proportion of the employment gap (31.7%) that could not be explained.<br><br>The employment gap differences by health condition were calculated as:<br><br>Employment gap in 2011 by health condition<br>Disability or health condition - Raw employment gap (pps)<br>Confusion or memory loss – 61.8<br>Communication difficulty – 55.9<br>Learning/ behavioural difficulty – 54.5<br>Mobility or dexterity difficulty – 53.4<br>Mental health – 51.3<br>Long-term pain or discomfort – 42.0<br>Blindness or partial sight loss – 31.9<br>Chronic illness – 27.7<br>Difficulty breathing – 25.1<br>Deafness / partial hearing loss – 14.5 |

<table>
<tr><td></td><td>Other health condition – 24.7<br><br>RQIA staff data:<br><table><tr><td>No</td><td>31.58%</td></tr><tr><td>Not assigned</td><td>68.42%</td></tr><tr><td>Yes</td><td>0.00%</td></tr></table></td></tr>
<tr><td>Ethnicity</td><td>Equality<br><br>In the general population the 2021 Census indicated that 3.4% (65,600) of the usual resident population belonged to minority ethnic groups.<br><br>Ethnic Group<br><br>Ethnic Group Number Percentage<br>White 1,837,600 96.6%<br>Minority Ethnic Group 65,600 3.4%<br>Black 11,000 0.6%<br>Indian 9,900 0.5%<br>Chinese 9,500 0.5%<br>Filipino 4,500 0.2%<br>Irish Traveller 2,600 0.1%<br>Arab 1,800 0.1%<br>Pakistani 1,600 0.1%<br>Roma 1,500 0.1%<br>Mixed Ethnicities 14,400 0.8%<br>Other Asian 5,200 0.3%<br>Other Ethnicities 3,600 0.2%<br>All usual residents 1,903,200 100.0%<br><br>Country of birth<br><br>Country of birth Number Percentage<br>Northern Ireland 1,646,300 86.5%<br>Great Britain 92,300 4.8%<br>England 72,900 3.8%<br>Scotland 16,500 0.9%<br>Wales 2,800 0.2%<br>Republic of Ireland 40,400 2.1%<br>Outside United Kingdom and Ireland 124,300 6.5%<br>Europe (other EU countries) 67,500 3.5%<br>Europe (other non-EU countries) 3,700 0.2%<br>Other Countries in the World 53,100 2.8%</td></tr>
</table>

| | |
|---|---|
| | All usual residents 1,903,200 100.0%<br><br>**Main language of usual residents aged 3 and over**<br><br>Main language Number Percentage<br>English 1,751,500 95.4%<br>Main language not English 85,100 4.6%<br>Polish 20,100 1.1%<br>Lithuanian 9,000 0.5%<br>Irish 6,000 0.3%<br>Romanian 5,600 0.3%<br>Portuguese 5,000 0.3%<br>Arabic 3,600 0.2%<br>Bulgarian 3,600 0.2%<br>Other languages 32,200 1.8%<br>All usual residents aged 3 and over 1,836,600 100.0%<br><br>Figures from the 2011 Census provide the prevalence of disability among the following ethnic groups<br><br>**Percentage of those whose disability limits their day to day activities a lot**<br>All – 12%<br>Irish Traveller – 20%<br>White other – 12%<br>Chinese – 3%<br>Indian – 3%<br>Pakistani – 6%<br>Bangladeshi – 4%<br>Other Asian – 2%<br><br>Considering the 2011 Census figures for the ethnic composition of the General Population alongside those of People whose disability limits their day to day activities a lot, it shows that, with the exception of Irish Travellers, black and minority ethnic people are underrepresented amongst those with a disability when compared with their share amongst the general population.<br><br>**White –** 98.21% (1, 778, 449) – 99.40%<br>**Chinese** – 0.35% (6, 338) – 0.10%<br>**Irish Traveller** – 0.07% (1, 268) – 0.12%<br>**Indian –** 0.34% (6, 157) – 0.08%<br>**Pakistani –** 0.06% (1, 087) – 0.03%<br>**Bangladeshi** – 0.03% (543) – 0.01% |

<table>
<tr><td></td><td>
Other Asian – 0.28% (5, 070) – 0.03%<br>
Black Caribbean – 0.02% (362) – 0.01%<br>
Black African – 0.13% (2354) – 0.03%<br>
Black Other – 0.05% (905) – 0.02%<br>
Mixed – 0.33% (5976) – 0.10%<br>
Other – 0.13% (2354) – 0.08%<br><br>
RQIA staff data:
<table>
<tr><td>Not assigned</td><td>94.74%</td></tr>
<tr><td>White</td><td>5.26%</td></tr>
<tr><td>Other</td><td>0.00%</td></tr>
</table>
<br>We recognise that within the category of ‘White’ a range of nationalities are represented. This is important in the context of specific needs (see section 2.4 below).
</td></tr>
<tr><td>Sexual Orientation</td><td>
[Please note: Census 2021 data relating to sexual orientation has not yet been released (as of the date of this screening)]<br><br>
Not available by disability though if the general population shows figures between 7-10% of the population who are gay, lesbian or bisexual assumptions have to be made in relation to dual issues of sexual orientation and disability (see also qualitative issues in section 2.4).<br><br>
This assumption is also supported by research in Northern Ireland on people with a disability who identify as lesbian, gay or bisexual - McClenahan, Simon (2013): Multiple identity; Multiple Exclusions and Human Rights: The Experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland. Belfast: Disability Action.<br><br>
BSO staff data:
<table>
<tr><td>Both sexes</td><td>0.00%</td></tr>
<tr><td>Do not wish to answer</td><td>0.00%</td></tr>
<tr><td>Not assigned</td><td>95.32%</td></tr>
<tr><td>Opposite sex</td><td>4.68%</td></tr>
<tr><td>Same sex</td><td>0.00%</td></tr>
</table>
</td></tr>
</table>

## 2.3 Qualitative Data in relation to actions in action plan

**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.**

In the following table, we have listed those actions from our plans where we consider multiple needs to be relevant.

| ***Category*** | ***Needs and Experiences*** |
|---|---|
| Gender<br>Age<br>Religion<br>Political Opinion<br>Marital Status<br>Dependent Status<br>Disability<br>Ethnicity<br>Sexual Orientation | The RQIA Strategic Plan 2022-2028 is a high level document which sets out the strategic direction of the organisation over the next five to six years.<br><br>This Strategic Plan will be supported by annual business plans, work programmes, policies and business cases as appropriate.<br><br>The Plan covers a wide range of issues across regulation and improving the quality of care for people across Northern Ireland. The direction set out in the plan is closely aligned with the core functions of RQIA, as defined by legislation and with other key strategies, including the NI Executive Draft Programme for Government Framework.<br><br>RQIA recognises that the needs, experiences and priorities of the groups within each Section 75 category may vary substantially in relation to the work emanating from this Strategic Plan. A top level screening of the Plan will not do justice to giving consideration to the needs of all the Section 75 groups.<br><br>RQIA is committed to undertaking, where appropriate, the screening of associated pieces of work as they are taken forward, for example business plans. When associated annual business and work plans fall out of this high level Strategic Plan, RQIA gives a commitment to considering in detail the equality issues that may affect the equality groups in respect of these particular products.<br><br>These will include products, such as:<br>• Work to Involve and Listen to Service Users and Families;<br>• Guidance developed for Registration purposes (involving providers); |

| | |
|---|---|
| | • Development of RQIA's Framework for Regulation;<br>• Refinement of RQIA's Risk-Based Approach to Inspection;<br>• Development of RQIA's Review Programme;<br>• Expansion of communications function;<br>• Development of RQIA Communications and Engagement Collaborative;<br>• Communication and Engagement Strategy; and<br>• RQIA Recognition and Appreciation Strategy.<br><br>At this point, RQIA feels that the following will need to be considered in respect of the screening of any products relating to:<br>• Engagement and communication issues for people of all ages, to include older and younger children and those with disability); and<br>• Gender appropriate engagement and communication channels for males and females.<br><br>Additionally, RQIA will develop an Easy Read version for those people with a disability who may require the Strategy Plan to be written in plain English or other medium. |

## 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.**

See the comments at the start of 2.3.

Also, it is possible that some of the work taken forward under the objective and priorities set out in the Strategic Plan may impact on people with multiple identities.

RQIA recognises that the needs and experiences of people with multiple identities will vary across our work. In our commitment to ensuring that potential impacts are considered and mitigated, RQIA will screen policies and strategies individually to ensure that the potential impacts of each policy or strategy are considered fully in that context.

**2.5 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?*** |
|---|---|
| The Strategic Plan and Actions for 2022/23 has been written in a manner to make it accessible to a wide group of stakeholders and the general public. | RQIA is committed to undertaking where appropriate the screening of associated pieces of work as they are taken forward, including for example, work programmes, policies and business cases, etc.<br><br>As an integral part of the annual business planning process, each area of service within RQIA formulates its own local plan to deliver services in the financial year ahead. As part of this year's business planning process, service areas are being asked to identify the actions in their area which will be Equality Screened and where appropriate, Equality Impact assessed. |
| RQIA will consider provision of alternative formats on request to meet the needs of people with a disability who may need information in an accessible format. | Consideration will be given to converting these policies into a variety of formats to include; easy read; audio; brail, accessible PDF and a variety of languages.<br><br>As part of the Public Consultation, the Strategic Plan was translated into 3 key languages for any possible requests. No requests were received for the Plan in a language other than English.<br><br>However, we will make a copy available in an alternative language if requested.<br><br>As above, we will provide information in alternative formats and communication |

| | |
|---|---|
| | support for any stakeholders who require it. We will also make sure that stakeholders can share their views with us in any way they prefer. |
| The Strategic Plan has been written in a manner to make it accessible to a wide group of stakeholders and the general public.<br><br>Where specific priorities and aims result in products being commissioned and created, RQIA will ensure that such relevant work will be screened.<br><br>When preparing the Strategic Plan, we took the opportunity to review our mission, vision and values to ensure their continued relevance to our work and our population.<br><br>An easy read version of the draft Strategic Plan was produced for the public consultation and an easy read version of this Strategic Plan will be developed. | RQIA is committed to undertaking where appropriate the screening of associated pieces of work as they are taken forward, including for example annual business plans, work programmes, policies and business cases over the next five-six years.<br><br>Specifically, these relate to the Strategic Objectives 1 to 4 and setting leadership and direction.<br><br>In particular, RQIA is committed to screening its Communications and Engagement Strategy during the development process. RQIA will strengthen data gathering and analysis so that its objectives and priorities will be intelligence led. |

**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 | Tackling any inequalities in the regulation of the quality and availability and improvement of services and promoting the care and welfare of people across Northern Ireland receiving health and social care services from the | Continued focus on partnership working and public participation where appropriate. |

| | | |
|---|---|---|
| | HSC or the Independent Healthcare sector will help promote equality of opportunity and good relations. | |
| Political Opinion | Tackling any inequalities in the regulation of the quality and availability and improvement of services and promoting the care and welfare of people across Northern Ireland receiving health and social care services from the HSC or the Independent Healthcare sector will help promote equality of opportunity and good relations. | Continued focus on partnership working and public participation where appropriate. |
| Ethnicity | Tackling any inequalities in the regulation of the quality and availability and improvement of services and promoting the care and welfare of people across Northern Ireland receiving health and social care services from the HSC or the Independent Healthcare sector will help promote equality of opportunity and good relations. | Continued focus on partnership working and public participation where appropriate. |

## (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 | ✓ |
| 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 | ✓ |

**Please give reasons for your decisions.**

RQIA's Strategic Plan 2022-2028 sets out its Strategic Objectives/Aims and Outcomes for this period and key Enablers.

The Plan covers a wide range of actions to ensure the regulation and assist in the improvement of quality health and social care across Northern Ireland.

As an integral part of the annual business planning process, each area of service within RQIA formulates its own local plan to deliver services in the financial year ahead. As part of this year's business planning process, service areas are being asked to identify the actions in their area which will be Equality Screened and where appropriate, Equality Impact assessed. This will be a fluid process and will be subject to modifications as the year progresses and priorities are reviewed.

RQIA recognises the need to consider the impact on Section 75 groups of this Plan and subsequent policies and programmes of work.

The needs, experiences and priorities of these groups will vary and annual business plans, work programmes, policies and business cases will be equality screened as appropriate as they are developed and taken forward over the next four years. Therefore, a full Equality Impact Assessment is not required at this stage.

Due consideration has been given to those individuals within Section 75, of the Northern Ireland Act (1998), particularly those from a different ethnic background and those who have disabilities.

## (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?*** |
|---|---|
| We have engaged with people with a disability directly through our public consultation. | |

### 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 Strategic Plan includes key actions relating to monitoring the quality of care and improving services for those people across Northern Ireland who avail of HSC or health and social care services in the Independent Healthcare sector. | |

## (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 onto to 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 any 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 |
|---|---|---|
| Monitoring data will be identified through screening of work streams emanating from the Strategic Plan. | Monitoring data will be identified through screening of work streams emanating from the Strategic Plan. | Monitoring data will be identified through screening of work streams emanating from the Strategic Plan. |

Approved Lead Officer: Briege Donaghy

Position: Chief Executive

Policy/Decision Screened by: Jacqui Murphy, Head of Corporate Affairs, RQIA

Date: 9 May 2023

**Please note that having completed the screening you will need to ensure that a consultation on the outcome of screening is undertaken, in line with Equality Commission guidance.**

**Please forward completed template to: equality.unit@hscni.net**