Health and Social Care Board

Equality, Good Relations and Human Rights SCREENING

The Health and Social Care Board is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

1) 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)

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

3) 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)

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

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality Portal - Screening Resources & Evidence**.**

Health and Social Care Board

Equality, Good Relations and Human Rights
SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Shared Lives NI

1.2 Description of policy or decision

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

What is Shared Lives NI?

Shared Lives NI is a scheme offering people in need of support a safe, welcoming, family environment where they can spend short breaks or live permanently with Host Carers.

Aim: The aim is to deliver an accessible regional service for Older People that will provide an alternative to respite, short breaks or long term care for some adults in need of support. The scheme offers personalised, quality care and support where Host Carers share their lives and homes with a person in need of support. The service offers personalised, quality care and support where Host Carers share their lives and homes with a person in need of support.

What type of support is provided?

- Day Support: The Shared Lives Host Carer will provide day care support, which may range from a few hours each week to longer periods as required.
- Short breaks: Some Shared Lives Host Carers also provide respite/short breaks from their home. This can be anything from one night to two weeks or more, as required.
- Adult placements: The Host Carer provides care or support for persons in need, which may include accommodation in the carers' home'.

Where is the Shared Lives scheme provided?
The Shared Lives scheme is based in the homes of the individual Host Carers
Support is tailored to meet individual needs while helping to maintain independence and promoting physical, mental and emotional wellbeing.

The following are some examples of what activities might be available:

Shared Lives Host Carers will carefully tailor activities to match the abilities and preferences of their service users, and may include:

- Visits to local cafes, the library or shops, community events and clubs;
- Arts and crafts;
- Time outdoors enjoying the local countryside and beaches;
- Appropriate card games, board games and puzzles

• How will this be achieved? (key elements)

It is intended that the service will be provided by a suitable third sector organisation with suitably trained staff. As part of this Service, the supplier will be required to:

- Recruit, train and support Shared Lives Host Carers to provide services from their own homes that promote the health and wellbeing of people placed with them and which are person centred and needs led.
- Increase opportunities and offer a variety of service options that meets needs and demands including day support, short breaks and adult placements.
- Increase the choice and opportunities available to vulnerable older people to live and integrate into community life.
- Deliver innovative services in accordance with RQIA statutory requirements and good practice underpinned by a culture of trust, openness and integrity.
- Operate quality standard systems which are measurable, transparent and accountable for the Service and meet National Minimum Standards for the provision of Shared Lives in NI.

The objectives of the Service are to enable individuals referred to the Service to:

- Be part of a family environment of a Shared Lives Carer
- Live an ordinary life in the community
- Maximise own independence and learn new skills
- Support progression to independent living and move on where an outcome identified
- Access community facilities, reducing social isolation
- Enjoy the rights and responsibilities of citizenship that comes with living in a family
- Be given choices and control to make own decisions
- Be treated with respect
- Achieve personal outcomes that are important to the Person

The specification will be developed and supported by a CAG with representation from Older Peoples services from the HSCTs, as well as the HSCB Social care and supported by a specialist Procurement Manager from PALs. A project reference group will sit alongside the CAG to help shape and inform the service and ensure all Trusts are engaged and consulted on throughout the process.

• What are the key constraints? (for example financial, legislative or other)

Cost: The contract has a budget of £170,000 annually. This budget is based on the costs included in the options paper commissioned by HSCB in August 2020, which explored similar services in Scotland, as well as the current service provided by HSCTs for Adult's with Learning Disabilities.

Procurement – **process and timescales:** Procuring this Service is subject to public procurement rules and legislation and will be via the Official Journal of the European Union. Accordingly, the HSCB must comply with strict timescales: in summary, the tender specification must be completed

October 2020, to allow for the correct advertisement period, assessment period and process, contract award, and potential Transfer of Undertakings (Protection of Employment) (also referred to as TUPE) actions, prior to commencement of the new contract on 1 April 2020.

Regional provision for Older People from all backgrounds: The Service must be delivered on a regional basis across Northern Ireland.

As such, the tender specification and procurement process is required to include provisions that ensure equal access to the Service:

In both urban and rural areas – therefore, alongside this Equality Screening, a Rural Needs Assessment has been completed; and

For people who come from all backgrounds – hence the need for this Equality Screening, to consider potential impacts on equality of access to the Service by people from all of the different Section 75 groups.

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

- Older people and their careers.
- Health and Social Care Trusts (HSCTs) –will be expected to refer into this new service
- Health and Social Care Board (HSCB) Social Care Directorate
- Department of Health – the funder, with responsibility for overarching policy and strategic direction.
- General population – who can choose to become registered and trained as a Host Carer,

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

- **What are they?**
- **who owns them?**

In 2014 Sir Liam Donaldson endorsed the policy behind Transforming Your Care and recommended a panel of experts be appointed to deliver the right configuration of Health and Social Care services.

In 2016 an expert panel was appointed to develop this new model. This panel was chaired by Professor Rafael Bengoa who produced the Systems, Not Structures Report. It notes that the present model of care in Northern Ireland is struggling to provide continuity of care in an organised way and there is a need to move to a more integrated model. There is an increase in the life expectancy which signals a major shift in demography and in patterns of demand for health and social care services. Older people requiring care are becoming more complex as ageing brings an increased likelihood of some degree of disability, dependency and illness. Dementia is also a growing issue for our older population, and older people are now the main users of Northern Ireland's health and social care services.

Health and Wellbeing 2026: Delivering Together, was produced in response to the above report. It states that for too long Health and Social Care services have been planned and managed around structures and buildings and that this needs to change if we are to meet the challenges of the future. Delivering Together puts people at the forefront. The focus is on enabling people to stay well for longer. Where care or support is needed it will be wherever possible provided in the community setting. If specialist interventions are required these will be of high quality and delivered in a safe and timely way.

The Department of Health is currently involved in a three staged process to reform adult social care and support, the outcomes of which will also help shape service into the future.

The Programme for Government 2016-2021 has outlined 14 strategic outcomes which were premised on the need for collaborative working across all boundaries and sectors in order to achieve optimal social well-being for all. Outcome 8 – 'We care for others and we help those in need' highlights the need to 'Improve support for adults with care needs'. There is a clear need for reform to provide service users with greater choice and control as well as finding new and innovative ways of delivering support services and allowing service users to make choices about the services they receive.

In light of the strategic developments highlighted above, it is deemed necessary to expand the shared lives service regionally for older people.

(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.

- **Shared Lives NI Annual Report 2017-2018** - This report provides a useful baseline in relation to a better understanding of the opportunities and challenges in delivering an expansion of a Shared Lives approach as the sector develops in Northern Ireland. The report clearly highlights the need to grow the service to ensure more adults with learning disability could avail as well as expand the service for older people.

- **Demographic analysis of Northern Ireland for targetable Adult Placement (Shared Lives) carer recruitment.** The key driver for this piece of work is to support the successful growth, development and diversification of adult placement in Northern Ireland. Over 50% of all host carers across Northern Ireland are aged 50 plus and the carer base age in some schemes is rising. It is anticipated that a significant number of host carers may retire from adult placement schemes in the next 5-10 years. This presents a serious threat to the sustainability of the service if younger host carers are not recruited.

- It will be a challenge to recruit sufficient numbers of younger people as host carers in the next 5-10 years. However this is required to ensure sustainability as well as to continue the growth of service. There are opportunities to recruit host carers from a wide range of

backgrounds and experience (e.g. greater connection with host carers who have looked after a child with a learning disability who could then move to support adult placements) but this opportunity needs to be realised. The demographic analysis has provided the necessary data to conduct a targeted adult placement carer recruitment approach going forward to expand Shared Lives.

- **Best practice visit** – completed a study trip with colleagues from Older Peoples programme f care to Moray Scotland to look at their model of shared lives for older people.

- **Options paper for the 'Expansion of Shard Lives NI' (August 2020) -** Aging Population: People aged 65+ living alone will represent 86.6% of the projected increase in people living alone between 2012-2037 (36,900 older people). There are also 19,000 people living with dementia in Northern Ireland – projected to increase from 23,000 (2017) to 60,000 (2051). The Shared Lives model of care could be scaled up in Northern Ireland to support the growing ageing population. There is great potential to offer short break support for family host carer as well as respite care and longer term live-in arrangements as an alternative to residential care.

- **Key Stakeholders -** This engagement has involved face to face meetings with Heads of Service for Older People in each of the 5 HSCTs, as well as the Assistant Directors. There has been detailed discussion of strengths and limitations of expanding Shared Lives for Older People, consideration of potential barriers to accessing the Service, and opportunities for continuous improvement in the procurement of the new contract. The detailed discussions have also focussed on the Options Paper for the expansion of the service and agreement on the best way forward. The procurement plan includes key actions to ensure the HSCTs have been involved from the outset for example. Representatives from Older Peoples service from the trusts will be involved in developing all elements of the specification as well as agreeing the content, script, presentation of the Market Engagement events.

- Discussions have also taken place with RQIA as the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

- **Service users** - During the transformation project in 2019 a survey was distributed to Project Managers in the Health and Social Care Trusts for distribution to some of their contacts. The impact of Covid-19 created a delay in the progress of the project through the first half of 2020. Contact was made with Blue Moss seeking support mid-2020. Having reported on Shared Lives options for Northern Ireland, Blue Moss were considered ideally placed to undertake community engagement work in relation to Shared Lives. Bluemoss were asked to review the findings from the 2019 survey as well as engage with the public regarding the Shared Lives approach. A Smart Survey was developed and was issued via the CommunityNI website and through each Health Trust.

  Key findings for noting - over 95% of respondents recognised Shared Lives as a useful approach for older people, it was clear that respondents viewed Shared Lives as a, “Great idea and addition to the support portfolio. There was concern expressed, particularly to ensure the protection of older people. This can of course be achieved with the best practice in recruitment of host carers, the training and support offered, and the supervision given. Measuring the impact of the whole service - for older person and their family and for host carer and their family – will be a key element of keeping any Shared Lives service at the highest standard in delivery.

The regional approach to provide standardisation and to reduce recruitment and other competitiveness across Trust areas was noted. This wide approach would certainly be beneficial in providing clear information and a single Shared Lives approach.

Census 2011

- Northern Ireland Pooled Household Survey (NIPHS) tables, published 2017. Available here https://www.nisra.gov.uk/publications/northern-ireland-pooled-household-survey-niphs-tables
- Health Survey NI 2019/19. Available at https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland
- NISRA 2020 and 2019 Mid-year Population Estimates for Northern Ireland. Available at https://www.nisra.gov.uk/statistics/population/mid-year-population-estimates
- Northern Ireland Life and Times (NILT) 2018
- Northern Ireland HSC Interpreting Service Report: 1 April 2018 - 31 March 2019.
- Annual Population Survey (APS). Available at https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016#main-points)
- GIRES. **The Number of Gender Variant People in the UK - Update 2014. Available at** http://www.gires.org.uk/prevalence.php)
- **CarersNI State of Caring 2019** Annual survey
- Elliott MN, Kanouse DE, Burkhart Q, et al. Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey Journal of General Internal Medicine. Published online September 4 2015

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	***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	**Service users** As this is a new service there is no monitoring data available, however the Shared Lives in Northern Ireland Annual Report 2017-18 indicates 221 adults with a learning disability were supported by adult placement schemes in Northern Ireland, 108 female and 133 male.

	The following data is available from NISRA midyear population estimates June 2020: Males – age 65+ = 54% Females – age 65+ = 46% Recent NI data suggests that of those supported in NI in 2017-18, 49% were female, and 51% were male. The Gender Identity Research and Education Society (GIRES) estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office (2011) and subsequently updated (2014) are: • gender variant to some degree 1% • have sought some medical care 0.025% • having already undergone transition 0.015%. Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2019) N=1,881,600 (approx.): • 18,816 people who do not identify with gender assigned to them at birth • 470 likely to have sought medical care • 282 likely to have undergone transition. **Staff/ Placement carers** Most current placement carers are female - nearly 80% of adult placement carers in Northern Ireland are female.
Age	**Service users** Nearly 80% of people supported by schemes in Northern Ireland are aged between 25-64 years. About 5% of service users are aged 65 years and over, and 17% are young adults in transition (aged between 18-24 years). Northern Ireland, like the rest of the UK and Europe has an ageing population. People are living longer than ever before and according to the NI Statistics and Research Agency (NISRA), Northern Ireland has the fastest-growing population of any country within the UK. NISRA has projected that the number of adults aged 65 and over is to increase by 12.1%, between 2013 and 2018, and by 63.3% between 2013 and 2033. Between 2013 and 2018, the very elderly population (those aged 85 and over) is projected to increase by 22.2% and more than double between 2013 and 2033 from 1.8% to 4%. **NISRA ' 2019 Mid-year Population Estimates for Northern Ireland' –** • The Northern Ireland population continues to age • The ageing of the population from 2009 to 2019 is evident in the increasing population amongst the older ages. • In the year to mid-2019, the number of people aged 65 or more increased by 2.1 per cent to 314,700 people. • By mid-2019, one in six people in Northern Ireland were aged 65 and over • The proportion of the population aged 65 or more has increased from 13.0 per cent in mid-1994 to 16.6 per cent in mid-2019. • The general population falls into the following age categories: 65 – 74 yrs = 169,725 (9.0%)

	75 – 89 yrs = 125,334 (6.6%) 90+ yrs = 13,138 (0.7%) • The population aged 85 and over increased by 2.7 per cent (from 37,700 to 38,700) between mid-2018 and mid-2019, representing 2.0 per cent of the population **Population aged 85+ by Age and Sex 2018** Age | Male | Female | People 85-89 | 37.0% | 63.0% | 24,600 90-94 | 31.1% | 68.9% | 10,200 95-99 | 24.4% | 75.6% | 2,600 100+ | 13.0% | 87.0% | 300 Whilst increased longevity is a positive public health message, the consequences of living longer is that older people are living longer with complicated health and social care needs which means increased pressure on funding for care for older people. The introduction of the Transforming Your Care (TYC) public health strategic framework in 2011 represented a policy shift towards more use of community and home-based services so the need for hospital based interventions could be reduced. This means that people with increasingly complex co- morbidities like dementia, diabetes, cardiac diseases, pulmonary diseases etc. are supported to live in their homes with the help of primary and community care provision. • Between 1 April 2017 and 31 March 2018, 29,228 persons in the Elderly Care, Learning Disability and Physical & Sensory Disability POC's were in contact with HSC Trusts. Over a third of the 29,228 contacts with HSC Trusts were by persons in the Elderly Care POC **Staff/ Placement carers** Data to date shows that most carers from exiting schemes are older. Just under 50% of carers recruited to schemes in Northern Ireland are aged 50+. This represents a challenge in the next 5-10 years to attract younger carers to support the longer term sustainability and growth of schemes.
Religion	**Service users** There is no data available for religion of service users. General population data suggests**:** At a population level, the most recent Census (2011) reveals that: • 45.14% (817, 424) of the population were either Catholic or brought up as Catholic. • 48.36% (875, 733) stated that they were Protestant or brought up as Protestant. • 0.92% (16, 660) of the population belonged to or had been brought up in other religions and Philosophies. • 5.59% (101, 227) neither belonged to, nor had been brought up in a religion. **Staff/ carers** There is no data available for religion of placement carers. It is assumed these will have a similar religious profile to the general NI population.

<table>
<tr><td></td><td></td></tr>
<tr><td>Political Opinion</td><td>Service users
At a population level, the Northern Ireland Life and Times (NILT) survey is a key source that provides important insight into political opinions held by people in this region. It asks the question: “Generally speaking, do you think of yourself as a unionist, a nationalist, or neither?” The responses to this question in the most recent survey (2017) are shown in Table 4 below.

Table 4: NILT Survey Question: Generally speaking, do you think of yourself as a unionist, a nationalist, or neither?

<table><tr><th>Category</th><th>Percentage of respondents</th></tr><tr><td>Unionist</td><td>32%</td></tr><tr><td>Nationalist</td><td>21%</td></tr><tr><td>Neither</td><td>45%</td></tr><tr><td>(Other)</td><td>1%</td></tr><tr><td>Don't know</td><td>2%</td></tr></table>
A significant proportion of the Northern Ireland population does not vote in our elections, including young people in particular.

Staff/ carers
There are no specific data relating to the political breakdown of placement carers, so the population data above can be used.</td></tr>
<tr><td>Marital Status</td><td>Service users
The most recent census (Census, 2011) showed that, across the Northern Ireland population:
- 47.56% (680,840), or almost one in two of people aged 16 or over were married.
- 36.14% (517,359) were single.
- 0.09% (1,288) 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.
Based on the available data, it can be reasonably assumed that the people who need to access the Service include individuals who identify with the full range of marriage status groups (i.e. married, single, same-sex civil partnership, divorced, separated, formerly in a same-sex partnership or widowed / surviving partner).

Staff/ placement carers
There is no breakdown of marital status of the existing placement carers. However, given that most are aged over 50 years, it is reasonable to expect that fewer will be single, and will tend to will be married, separated/ divorced or widowed compared to the rest of the NI population.</td></tr>
<tr><td>Dependent Status</td><td>Service users
Given that those who will be using the scheme are Older people, they are more likely to have adult children.</td></tr>
</table>

	Staff/ Placement carers Existing programme data shows that many scheme carers have looked after a child with a learning disability, and then moved into the Adult Placement Scheme. It can be reasonable to assume that majority of placement carers will have other non-paid caring responsibilities. There are also 11,300 older carers (those aged 75+), more than half (52%) of whom are engaged in caring for 50 hours or more each week. Given the steady rise in population since 2011, these figures are likely to be an under-estimate. In terms of responsibility for dependent children, the most recent census shows that 238,094 households (33.9% of all NI households) had responsibility for dependent children.
Disability	**Service users** During April 2017- March 2018, 221 adults with a learning disability were supported by adult placement schemes in Northern Ireland. The total number of people supported remained static in the three year period from 2015 - 2018. Adult placement schemes are supporting between 1 - 6% of adults with a learning disability in their Health Trust area as a proportion of all adults with a learning disability in receipt of a social care service. The most recent census (Census, 2011) revealed that 20.69% of the population (or 374,668 people) regard themselves as having a disability or long-term health problem, which has an impact on their day to day activities. 68.57% of the population (1,241,709 people) have no long-term health condition. The most recent official statistics collected via the Health Survey NI (2017) show that: • 42% of respondents reported a longstanding illness (30% limiting and 12% non-limiting illness); • 27% of Males reported a limiting longstanding illness, while 12% reported a non-limiting longstanding illness; • 33% of Females reported a limiting longstanding illness, while 12% reported a non-limiting longstanding illness; • Prevalence of disability increases with age: limiting longstanding illness increases from 15% among young adults aged 25 -34 years to 61% among those who are aged 75 years old; • Around a fifth of respondents (18%) scored highly on the GHQ12 suggesting they may have a mental health problem; and • Respondents in the most deprived areas (22%) continue to be more likely to record a high GHQ12 score than those in the least deprived areas (15%). **Staff/ Placement carers** There is no data relating to the number of staff. However, service level data shows that the majority of existing placement carers are aged over 50 years. Data from the most recent Health Survey NI shows that 39% of those aged 55 – 65 years have a limiting longstanding illness, so it could be expected that this is reflective of the current cohort of placement carers.
Ethnicity	**Service users** .

	Data from the Northern Ireland Pooled Household Survey (NIPHS) tables, published 2017 showed that of the NI population: 98.2% (1,409,000) Ethnicity White; All other Ethnicities 1.8% (26,000). Statistics from the HSC Interpreting Service showed a large rise in requests for interpreters from 1,850 in 2004-2005 to 130025 requests in 2018-2019. The most popularly requested languages in 2018-19 are described below: 1. Polish 30948 2. Arabic 16690 3. Lithuanian 16512 4. Romanian 12789 5. Portuguese 8361 6. Bulgarian 7557 7. Tetum 6604 8. Slovak 6152 9. Chinese - Mandarin 5120 10. Chinese - Cantonese 3388 **Staff/ placement carers** There is no data on the ethnicity of the current placement carers, so it can be assumed that current Northern Ireland population statistics above can be used.
Sexual Orientation	**Service users** There are no statistics on the sexual orientation of service users. The 2011 census did not collect data on sexual orientation; as a result, this is the only equality strand on which the UK census does not collect information. In 2016, estimates from the Annual Population Survey (APS) showed that 93% of the UK population identified as heterosexual or straight, with the reminder identifying as either gay, lesbian, bisexual or other or unsure. However, advocacy organisations supporting LGB people suggest that as many as 1 in 10 people identify as something other than heterosexual. **Staff/ Placement carers** There are no statistics on the sexual orientation of current placement carers. It can be assumed that the statistics cited in the previous paragraph may apply.

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	Service users Reduced mortality from circulatory disease and cancer, among other causes, increased male life expectancy by 0.8 years. However this increase was offset by 0.4 years due to a rise in mortality for a range of causes, including digestive diseases and nervous system disorders, mainly Alzheimer's and Parkinson's disease. Life expectancy at age 65 in 2016-18 in Northern Ireland was 18.4 years for males and 20.7 years for females. Over the last five years, there has been no significant change in life expectancy at 65 for females while male life expectancy at age 65 increased by 0.3 years. In 2016-18 women in Northern Ireland could expect to live 3.7 years longer than males. Across all age groups, male mortality was higher than that of females; with the exception those aged 0-9 where there was higher female mortality mainly from congenital causes. Also, research has demonstrated that transgender individuals are at risk of discrimination and marginalisation .A report published by the Rainbow Project (O'Hara, 2013), based on research conducted with more than 500 individuals that identified as "LGB&/T," found that respondents reported common experiences of invisibility, homophobia/transphobia, and a range of violence from threats to physical violence, whether direct or indirect. As a result of their actual or perceived sexual orientation and/or gender identity: - 65.8% had been verbally assaulted at least once; - 43.3% had been threatened with physical violence at least once; - 33% had been threatened to be 'outed' at least once; - 34.7% had experienced discrimination in accessing goods, facilities or services at least once. The research noted this evidence indicates a level of intolerance that is a common experience for LGB&/T people in Northern Ireland, and that this intolerance is a clear indicator for risk of experiencing poorer health and wellbeing outcomes. Staff/ carers Women continue to be paid less than men on average. Given that Schemes currently pay different rates of pay to carers – some of these allowances are considered very low by potential carers especially in comparison to other options e.g. direct payments. This is more likely to have an impact on women.
Age	Service users Whilst increased longevity is a positive public health message, the consequences of living longer is that older people are living longer with complicated health and social care needs which means increased pressure on funding for care for older people. The introduction of the Transforming

	Your Care (TYC) public health strategic framework in 2011 represented a policy shift towards more use of community and home-based services so the need for hospital based interventions could be reduced. This means that people with increasingly complex co- morbidities like dementia, diabetes, cardiac diseases, pulmonary diseases etc. are supported to live in their homes with the help of primary and community care provision. Staff/ Placement Carers Existing placement carers are mainly aged over 50 years, and recruited through word of mouth and/ or fliers. It may be that younger prospective placement carers may not have access to these same networks, and require different channels of recruitment.
Religion	Whilst the majority of the population identify as either Catholic or Protestant, the demographic of the Northern Ireland population is changing. Other religions and philosophies represented in Northern Ireland, involving 16,600 people, include Judaism, Islam, Hinduism, and the Bahá'í Faith. Based on the available data discussed above, it can be reasonably assumed that people from all religious backgrounds and none may require access to the Service, however, individuals from religions other than Catholic and Protestant backgrounds may be under-represented, including Judaism, Islam, Hinduism, and the Bahá'í Faith. Some religious groups may have specific requirements from the service, for example in terms of dietary requirements. Some religions may prefer carers to be the same sex as themselves.
Political Opinion	As noted above, contemporary analysis of the structures and dynamics of Northern Ireland society highlights persistent segregation between Catholic/ Nationalist/ Republican (CNR) groups and communities on one hand, and Protestant/ Unionist/ Loyalist (PUL) communities on the other hand. In 2007, it was estimated that 35–40 per cent of Protestants and Catholics live in communities divided along ethno-sectarian lines, and more recent empirical research underlines pervasive problems associated with building trust and developing and maintaining peaceful and confident social interactions and engagement across community, religious and political divisions. It may be that service users may feel uncomfortable visiting an area perceived to be as belonging to the “other community”.
Marital Status	Literature on health and mortality by marital status has consistently identified that unmarried individuals generally report poorer health and have a higher mortality risk than their married counterparts, with men being particularly affected in this respect. Staff/ Placement Carers Single people are more likely to have a lower household income, and therefore will be hardest hit by low levels of re-imbursement. They may be less likely to put themselves forward for the scheme.

Dependant Status	Service users Care can seem a minefield for many older people in Northern Ireland when they become more dependant and older people and their family carers would like more choice and community based care options especially around short breaks. The reality is much of this is still provided in institutional care often at times that do not suit family carers. Staff/ placement carers Programme data shows that the existing cohort of carers for the programme were recruited as they has previously carers for a family member with disabilities. Given that recruitment for current schemes relies heavily on word of mouth, it may be that potential carers may not have access to the same networks if they have not previously cared for a family member. Also, potential carers may have responsibility for dependent children, and may be restricted in the hours they can participate in the programme.
Disability	The link between aging and **disability** is a biological fact as the risk of **disability** increases with increase in age •Both ageing and disability have traditionally been associated with physical, sensory, intellectual and/or mental impairment. Policy on the treatment of both has historically focussed on institutional arrangements of medical and social care. •For both older people and people with disabilities, theorists and policy-makers increasingly recognise the social factors that influence their situation. In the ageing sector, such discussions focus on a life course conceptualisation of ageing, while within the disability sector this is framed in terms of a social model of disability. •The issue of dependency is one that impacts on older and disabled people, both of whom have been conceptualised in public policy as especially reliant upon others. Both groups can benefit from a conceptual distinction between necessary dependency and social dependency that can shift social policy towards facilitating greater independence. •Recognition of the universality of interdependence may provide a way to underpin greater connectedness and reciprocity within communities for all people Data from Carers UK and the Health Survey NI shows that carers are more likely to have a long term health problem themselves.
Ethnicity	Older ethnic minorities in NI have broadly the same level of self-reported health as the white population. It is suggested that different ethnicities have different attitudes towards care, particularly mental illness (e.g. dementia) which can be heavily stigmatised, perhaps leading them to be less likely to engage with the service for their

	family members. As little research has been conducted, consequently little is understood about older black and Asian minority groups. Yet these older minority groups are growing in number. Policies and practices, particularly in the area of health and access to health services, will in the future need to properly reflect the specific needs of an increasingly diverse older population.
Sexual Orientation	Research has demonstrated that LGB people report poorer experiences when accessing health and social care, are likely to delay access to healthcare based on previous negative experiences and fear of negative attitudes of health workers specifically in relation to their sexual orientation, and may have poorer health outcomes than their heterosexual peers.

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.

In considering potential impacts for each Section 75 equality category in sections 2.2 and 2.3 above, the HSCB acknowledges the complexity of intersectional identity and lived experience, and that individuals may identify with more than one group descriptor.

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?***
Gender - The Service will be procured with specific requirements to ensure parity of access across the region irrespective of an individual's gender. The Service will be required to create a safe and accessible environment for service users and carers.	The HSCB will seek to work with the new Service provider to continually improve and strengthen data collection, monitoring, and reporting, developing approaches to data collection that are sensitive to the client and yield increasingly informative statistics to help shape a truly accessible service.

Collaborative decision making and ensuring informed choice at every stage of the Service will also be respected. Service users can choose which carers they feel they are best matched with, giving more control over how the service is accessed and delivered. The Service will be procured with specific requirements to demonstrate that the provider's staff undergo relevant equality and diversity awareness and training, to ensure all service users are treated with dignity and respect. The Service will be held accountable for the delivery of neutral, non-judgemental, and confidential care, governed by the values and robust standards of confidentiality that underpin all Health and Social Care services. In order to address the differential rates of pay, a previous regional transformational project was led by the Health & Social Care Board reviewed this work and developed a host carer methodology. This methodology will enable providers to consider and determine appropriate allowances, contributions and expenses for host carers.	
Age – Shared Lives has been developed from a similar service currently being provided for Learning Disability. The expansion of Shared Lives for Older People will ensure it is accessible to adults aged 65 + - whose needs have been assessed by social care. Existing placement carers are mainly aged over 50 years, and recruited through word of mouth and/ or fliers. It may be that younger prospective placement carers may not have access to these same networks, and require different channels of recruitment. In order to ensure recruitment access is open to young potential carers also, alternative modes of recruitment will be explored including targeting libraries with fliers etc.	The HSCB will seek to work with the new Service provider to continually improve and strengthen data collection, monitoring, and reporting, developing approaches to data collection that are sensitive to the client and yield increasingly informative statistics to help shape a truly accessible service
Religion - The Service will be procured with specific requirements to ensure parity of access across the region irrespective of an individual's religion. Collaborative decision making and ensuring	The HSCB will seek to work with the new Service provider to continually improve and strengthen data collection, monitoring, and reporting, developing approaches to data collection that are sensitive to the client and yield increasingly informative statistics to

informed choice at every stage of the Service will also be respected. Again, service users do choose which carers they are placed with. The Service will be procured with specific requirements to demonstrate that the provider's staff undergo relevant equality and diversity awareness and training. The Service will be held accountable for the delivery of neutral, non-judgemental, and confidential care, governed by the values and robust standards of confidentiality that underpin all Health and Social Care services	help shape a truly accessible service
Political Opinion -The Service will be procured with specific requirements to ensure parity of access across the region irrespective of an individual's political opinion. While it can be reasonably assumed that people from all political backgrounds may require access to the Service, the Service to be procured by the HSCB cannot control the representation of people of all political backgrounds. The data highlighted above reinforces the need to ensure the Service procured by the HSCB is delivered in premises free from political markers, in areas that are not perceived as enclave or single-identity territories and by staff with relevant equality and diversity awareness and training. Also, Service users can choose which carers they feel they are best matched with, giving more control over how the service is accessed and delivered. Collaborative decision making and ensuring informed choice at every stage of the Service will also be respected. The Service will be procured with specific requirements to demonstrate that the provider's staff undergo relevant equality and diversity awareness and training. The Service will be held accountable for the delivery of neutral, non-judgemental, and confidential care, governed by the values and robust standards of confidentiality that underpin all Health and Social Care services	The HSCB will seek to work with the new Service provider to continually improve and strengthen data collection, monitoring, and reporting, developing approaches to data collection that are sensitive to the client and yield increasingly informative statistics to help shape a truly accessible service
Marital status - The Service will be procured with specific requirements to ensure parity of access across the region irrespective of an individual's marital status.	The HSCB will seek to work with the new Service provider to continually improve and strengthen data collection, monitoring, and reporting, developing approaches to data

The Service will be required to take cognizance of an individual's family and support networks and be adjusted accordingly to meet the individual's needs. Collaborative decision making and ensuring informed choice at every stage of the Service will also be respected.	collection that are sensitive to the client and yield increasingly informative statistics to help shape a truly accessible service
Dependant status - The Service will be procured with specific requirements to ensure parity of access across the region irrespective of an individual's dependant status. The Service will be required to take cognizance of an individual's caring responsibilities and be adjusted accordingly to meet the individual's needs, for example, by facilitating home visits and guaranteed access to advisers via telephone. Collaborative decision making and ensuring informed choice at every stage of the Service will also be respected Potential host carers may have responsibility for dependent children, and may be restricted in the hours they can participate in the programme. Any marketing materials will emphasise that placement carers can fit this work around other caring responsibilities they may have.	The HSCB will seek to work with the new Service provider to continually improve and strengthen data collection, monitoring, and reporting, developing approaches to data collection that are sensitive to the client and yield increasingly informative statistics to help shape a truly accessible service Shared Lives aim is to provide an alternative to respite, short breaks or long term care for some adults in need of support. The scheme will offer personalised, quality care and support where Host Carers share their lives and homes with a person in need of support. The service offers personalised, quality care and support where Host Carers share their lives and homes with a person in need of support
Disability - The Service will be procured with specific requirements to ensure parity of access across the region irrespective of an individual's particular disability. The Service will be required to create a safe and accessible environment for service users and carers. This includes taking cognizance of an individual's disability and making adjustments accordingly to meet the individual's needs – for example, ensuring the clarity and accessibility of communication and information provided to service users and carers, including but not limited to sensory impairment, learning disability or acquired brain injury-related needs, etc.	The HSCB will seek to work with the new Service provider to continually improve and strengthen data collection, monitoring, and reporting, developing approaches to data collection that are sensitive to the client and yield increasingly informative statistics to help shape a truly accessible service Shared Lives is the right choice to build a more sustainable, asset based care model in Northern Ireland which allows older people to continue to live their lives in the community and receive person centred care

Collaborative decision making and ensuring informed choice at every stage of the Service will also be respected. The Service will be procured with specific requirements to demonstrate that the provider's staff undergo relevant equality and diversity awareness and training. The Service will be held accountable for the delivery of neutral, non-judgemental, and confidential care, governed by the values and robust standards of confidentiality that underpin all Health and Social Care services.	
Ethnicity - The Service will be procured with specific requirements to ensure parity of access across the region irrespective of an individual's ethnicity. The Service will be required to create a safe and accessible environment for service users and carers, including taking cognizance of an individual's ethnicity and cultural norms, and be making adjustments accordingly to meet the individual's needs – for example, but not limited to: • giving careful consideration to the clarity and accessibility of information provided to service users and carers, • ensuring access to provision of foreign language interpreters that do not have a conflict of interest, and • were possible and requested, providing access to advisers who are the same gender as the service user. Collaborative decision making and ensuring informed choice at every stage of the Service will also be respected. The Service will be procured with specific requirements to demonstrate that the provider's staff undergo relevant equality and diversity awareness and training. The Service will be held accountable for the delivery of neutral, non-judgemental, and confidential care, governed by the values and robust standards of confidentiality that underpin all Health and Social Care services.	The HSCB will seek to work with the new Service provider to continually improve and strengthen data collection, monitoring, and reporting, developing approaches to data collection that are sensitive to the client and yield increasingly informative statistics to help shape a truly accessible service
Sexual orientation - The Service will be procured with specific requirements to	The HSCB will seek to work with the new Service provider to continually improve and

ensure parity of access across the region irrespective of an individual's sexual orientation. The Service will be required to create a safe and accessible environment for service users and carers. Collaborative decision making and ensuring informed choice at every stage of the Service will also be respected. The Service will be procured with specific requirements to demonstrate that the provider's staff undergo relevant equality and diversity awareness and training. The Service will be held accountable for the delivery of neutral, non-judgemental, and confidential care, governed by the values and robust standards of confidentiality that underpin all Health and Social Care services	strengthen data collection, monitoring, and reporting, developing approaches to data collection that are sensitive to the client and yield increasingly informative statistics to help shape a truly accessible service

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	N/A
Political Opinion	NONE	N/A
Ethnicity	NONE	N/A

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

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.

This is an explicitly person-centred Service underpinned by collaborative decision making that ensures and respects informed choice. The Service is accountable for the delivery of neutral, non-judgemental, and confidential care, governed by the values and robust standards of confidentiality that underpin all Health and Social Care services.

Based on the information reviewed in this Equality Screening, the Service has a positive impact on all Section 75 groups. As discussed above, the procurement of this service will include measures to further strengthen this positive impact, by including steps to further improve the capacity of the Service to identify and address potential barriers to access as they arise, and by improving sensitive data collection and monitoring procedures, in partnership with the Service provider, and sharing this learning more generally with the HSCB and HSC Trusts.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

How does the policy or decision currently encourage disabled people to participate in public life?	*What else could you do to encourage disabled people to participate in public life?*
The Health and Social Care Board (HSCB) is developing Shared Lives to support older people to live in their communities. Shared Lives is an arrangement where ordinary members of the community are selected and trained as self-employed host carers. They share their lives, families, interests and experiences in order to support the service user to live fulfilled lives in the community. Support is provided within a safe, stable and enjoyable home and family life. Time spent with a host carer can range from a few hours during the day or evening, during the week or weekends, to a short overnight break or long term care arrangement.	The specification for the new contract will make reference to encouraging older people with a disability to avail of the service. The monitoring arrangements for the contract will include the requirement to collect and reflect on service user and carer feedback, ensuring that the voices, compliments, complaints, and recommendations of disabled people and their carers inform and shape this public service

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 Market testing events will be advertised to ensure the broad range of community and voluntary sector organisations (including disability specific organisations) are well informed.	The specification for the new contract will make reference to encouraging older people with a disability to avail of the service. The monitoring arrangements for the contract will include the requirement to collect and reflect on service user and carer feedback, ensuring

	that the voices, compliments, complaints, and recommendations of disabled people and their carers inform and shape this public service

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Are Human Rights relevant? 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 have a potential positive impact or does it potentially interfere with anyone's Human Rights?

List the Article Number	Positive impact or potential interference?	How?	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
The HSCB will ensure service user information is monitored as part of the service specification. The HSCB will seek to work with the new Service provider to ensure robust data collection, monitoring, and reporting with regard to section 75. This will include developing approaches to data collection that are sensitive to the client and yield more informative statistics to help shape a truly accessible service.	Noting that the Service has a positive impact in terms of the HSCB's Disability Duties: the monitoring arrangements for the new contract will include the requirement to collect and reflect on service user feedback, ensuring that the voices, compliments, complaints, and recommendations of disabled people and their carers inform and shape this public service.	Noting that the Service has a positive impact on human rights: the HSCB will continue to monitor service user information and service user feedback with reference to the human rights impact screening tool included in this template

Approved Lead Officer: Jane McMillan

Position: Social Care Lead

Date: 12th February 2021

Policy/Decision Screened by:

Name	Designation	Signature	Date

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

Please forward completed template to:
Equality.Unit@hscni.net

Template produced November 2011

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

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