Patient and Client Council
Your voice in health and social care

Equality and Human Rights Screening Template

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

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

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

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

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

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.

For advice and support on screening contact:

Equality Unit|BSO|James House|2-4 Cromac Avenue|Belfast|BT7 2JA
Tel: 028 9536 3961

SCREENING TEMPLATE

(1)   INFORMATION ABOUT THE POLICY OR DECISION

1.1   Title of policy or decision

Centre Contingency Plan

1.2   Description of policy or decision

Aims & Objectives

As part of the project to develop a model for remunerating lived experience in co design/coproduction, the Patient and Client Council (PCC) has committed to delivering three main outcomes;

1. Develop systems and processes for a recruitment and payment system for members of the public to be paid for their involvement work.

2. Provide peer mentoring for new recruits to ensure effective co-design/co-production.

3. Provide reciprocal recognition for service users and carers who are working with the HSC on a personal capacity or on behalf of a group on dedicated or commissioned work, such as Co-design teams, Co-delivery of Peer work, and community services.

In order to fulfil outcomes 1 & 2, the PCC plan to become a learning centre with the Open College Network NI (OCN) to deliver an endorsed bespoke programme to train recruits and other interested parties in effective engagement & coproduction. This plan outlines the action to be taken in the event of any major incident occurring such as fire, flood, bomb warning etc – that may be dangerous or life-threatening to staff or other users. It also describes the process by which learners will be able to continue their studies in the event of the Patient and Client Council withdrawing certain course services as a result of any unforeseen circumstances, physical or administrative.

How this will be achieved;

The PCC recognises and accepts its responsibility as an employer under the Health & Safety at Work (NI) Order 1978 for providing a safe working environment for its employees and a safe environment for its patients, visitors and other members of the public. It will discharge these responsibilities through its managers and will expect its staff to comply with policies and procedures and to act at all times in a responsible manner.

In the event of any adverse incident occurring during the facilitation of training on PCC premises, the Course Facilitator have immediate overall responsibility for ensuring the safe evacuation of learners from the premises.

In the event of an incident employees must:

- Take action in accordance with PCC Health and Safety Policy.
- If confirmed that situation has been resolved safely within a reasonable time frame, return to Centre and check all equipment functioning properly and safely before re-commencing any training or other activities.

In the event of the centre having to withdraw services, the Programme Manager   must:

- Initiate immediate communication to OCN NI outlaying detail of situation (e.g. organisational closure), and a timeframe for implementation of subsequent points of this plan.
- Communication will be made to all learners currently serviced by the organisation as to the situation (e.g. organisational closure) and a proposed detailed course of action to continue current learning and potential qualification outcomes with OCN NI. This includes learners who are commencing or are in the process of training and assessment, those with assessment being internally verified, through to learners awaiting certification.
- Contact will be made with OCN NI recognised centres in proximity in order to secure opportunities for learning commitments to be fulfilled externally. This will take into account the specific tailored needs of learners in question.
- Detailed commitments for fulfilment of obligations by third party OCN NI recognised centres will be communicated to OCN NI and to learners as appropriate.

Key Constraints

Adverse incident is taken to mean fire, flood, bomb warning, structural failure of building, gas leakage, electrical failure which disrupts safety equipment, lifts etc in a dangerous state, and/or any other dangerous event.

These may be indicated by but not limited to; room lights not working, air-conditioning not working, no power to equipment, lifts jammed, active fire/smoke alarms, internal telephones not working, phone warnings registered, verbal warnings in person.

The areas affected that may and not limited to training area only, associated rooms/hallways/stairs, entire building.

1.3   Main stakeholders affected (internal and external)

Internal

- Staff responsible for programme planning and delivery
- Enrolled Coproduction Associates (those recruited through the purpose designed recruitment and payment system)
- Enrolled PCC Engagement Platform members
- Enrolled PCC Members
- PCC Council Members

External

- Enrolled learners from Community and Voluntary Sector
- Enrolled learners from HSC

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

PCC Health and Safety Policy
PCC Fire Safety Policy
BSO Fire Policy
BSO Health and Safety Policy
BSO Incident Reporting Policy

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

2.1 Data gathering

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

- NISRA Mid-Year Population Reports and Census data

- PCC (2019) Exploring Paid Service User/Carer Involvement in Health and Social Care Settings

- PHA (2017) Personal and Public Involvement (PPI) and its impact

- GIRES (2014) The Number of Gender Variant People in the UK

- CarersNI (2021) State of Caring 2021 Report (UK wide, including NI)

- Carers NI (2021) State of Caring in Northern Ireland.

- Carers NI (2022) Carers Week Report

- Health Survey 2019-20

- Annual enrolments at schools and in funded pre-school education in Northern Ireland 2020-21.

- HSC Interpreting Service Annual Reports

- Office for National Statistics National Debate on Measuring National Wellbeing

- ONS (2016) Labour Force Survey

- PCC Staff monitoring data June 2021

- Learning and Work Institute (20201) Working Together-How learning and skills support can create an inclusive labour market in NI

- Royal College of Nursing (2014) Frailty in Older People

- Marsden Fire Safety; Disabled Evacuation

2.2 Quantitative Data

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

Category	*What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?*
Gender	PCC Staff; Male: 21.43% Female: 78.57% Other; At 30 June 2020, Northern Ireland's population was estimated to be 1.90 million people. Just over half of the population (50.7 per cent) were female, with 961,400 females compared to 934,200 males (49.3 per cent). The Gender Identity Research and Education Society (GIRES) estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office (2011) and subsequently updated (2014): • gender variant to some degree 1% • have sought some medical care 0.025% • having already undergone transition 0.015% Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2019) N=1,881,600 (approx.): • 18,816 people who do not identify with gender assigned to them at birth

	• 470 likely to have sought medical care • 282 likely to have undergone transition. There is high probability that potential and actual applicants for Associate roles and therefore the associated training, will come from two sub-groups in particular; service users and carers. It would be reasonable to assume that there may be more uptake of the roles from women due to the population split. Furthermore, women are much more likely to be caring (23%) with 19% caring since before the pandemic and 4% since the pandemic started. Men were less likely to be caring (18%) with 14% caring before the pandemic started and 4% since the outbreak.
Age	PCC Staff; • 25-29- 7.14% • 30-34- 21.43% • 35-39- 14.29% • 40-44- 14.29% • 45-49- 17.86% • 50-54- 7.14% • 55-59- 17.86% • 60-64- 0.00% • >=65 - 0.00% Other; Over the three decades from year ending mid-1990 to year ending mid-2020 the median age (i.e. the age at which half the population is older and half is younger) of the Northern Ireland population has increased from 31.0 to 39.2 years. It is projected that from mid-2028 onwards the older population (people aged 65 and over) will be larger than the number of children (i.e. people aged 0 to 15 years). Over the 25 year period (1995 to 2020) Northern Ireland has seen changes in the proportion of the population in key age groups. The proportion of the population aged 65 and over has experienced the largest increase over the 25 year period, with a

	distinct accelerated growth in this population occurring from mid-2007. As a result, the proportion of the population aged 65 and over has increased by 29.5 per cent from mid-1995 to mid-2020. Conversely, the proportion of children (i.e. people aged 0 to 15 years) in Northern Ireland has decreased since mid-1994 by 17.3 per cent to mid-2020. The proportion of the population who are of working age (i.e. people aged 16 to 64 years) has remained relatively stable over the period. (NISRA, 2020, Mid-year population estimates)
Community Background	PCC Staff; • Perceived Protestant- 3.57% • Protestant- 17.86% • Perceived Roman Catholic- 7.14% • Roman Catholic- 28.57% • Neither- 10.71% • Perceived Neither- 0.00% • Not assigned- 32.14% Other; • Catholic 42.31% • Church of Ireland 11.55% • Presbyterian 16.61% • Methodist 2.35% • Religion not stated 1.60% (Census, 2021)
Political Opinion	PCC Staff; Broadly Nationalist 10.71% Other 7.14% Broadly Unionist 3.57% Not assigned 67.86% Do not wish to answer 10.71% Other; Party % Share DUP Democratic Unionist Party 30.6% SF Sinn Féin 22.8% APNI Alliance Party 16.8% SDLP Social Democratic & Labour Party 14.9% UUP Ulster Unionist Party 11.7%

	AONT Aontú 1.2% (BBC 2019 Election)
Marital Status	PCC Staff; Divorced 3.57% Mar/CP 32.14% Other 3.57% Separt 3.57% Single 25.00% Unknwn 32.14% Widw/R 0.00% Not assigned 0.00% Other; Almost half (48 per cent) of people aged 16 years and over in Northern Ireland on Census Day 2011 were married, and over a third (36 per cent) were single. Just over 1,200 (0.1 per cent) were in registered same-sex civil partnerships. A further 9.5 per cent were either separated or divorced, while the remaining 6.8 per cent were widowed.
Dependent Status	PCC Staff; Yes 17.86% Not assigned 67.86% No 14.29% Other; In March 2011, 64,000 households in Northern Ireland were headed by a lone parent with dependent children. While the total number of households in Northern Ireland increased by 12 per cent over the decade, from 626,700 in 2001 to 703,300 in 2011, the number of lone parent households with dependent children increased by over a quarter (27 per cent) during the same period, from 50,600 in 2001. Belfast West contains the highest proportion of lone parent households (19 per cent of all households), followed by Foyle (15 per cent) and Belfast North (14 per cent). The lowest proportion of lone parent households, are in Belfast South (6.3 per cent), North Down (6.6 per cent) and Fermanagh and South Tyrone (6.7 per cent).

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

• 20% of NI 18+ population are currently providing unpaid care.
• At the time this research was undertaken, in May 2022, women are much more likely to be caring (23%) with 19% caring since before the pandemic and 4% since the pandemic started.
• The peak age of caring is 55-64 with 29% of adults providing care and 22% of people aged over 65 were providing unpaid care. 14% of younger adults aged 18 to 24 were providing unpaid care.
• 65% of carers are spending their own money on care, support services or products for the person they care for. The average monthly spend for carers in Northern Ireland is £120 and with high rates of inflation and a rising cost of living, this extra spend is likely to further disadvantage carers financially.
• 29% of carers in Northern Ireland said they were struggling to make ends meet. A further 17% are or have been in debt as a result of caring and 4% cannot afford utility bills such as electricity, gas, water or telephone bills

Women are much more likely to be worried about the impact of on their caring on different aspects of their lives. Women who are caring are much more worried than men who are caring about the impact on their physical and mental health, the stress of caring, the impact on relationships. Not being able to take a break was nearly twice as likely to be cited as a key worry for women who are currently caring compared with men. This may impact the gender split of the carers involved in the project. It would be reasonably to assume of the carers involved the majority may be men.

	(Carers NI, 2022, Carers Week Report)
Disability	PCC Staff; No 39.29% Not assigned 57.14% Yes 3.57% Other; More than one person in five (300,000) people in Northern Ireland has a disability. The incidence of disability in Northern Ireland has traditionally been higher than Great Britain. Persons with limiting long term illness 20.36% in Northern Ireland. Figures from the last Census (2011) show the proportion of the population with the following disabilities: - Deafness or partial hearing loss – 5.14% (93, 078) - Blindness or partial sight loss – 1.7% (30, 785) - Communication Difficulty – 1.65% (29, 879) - Mobility or Dexterity Difficulty – 11.44% (207, 163) - A learning, intellectual, social or behavioural difficulty - 2.22% (40, 201) - An emotional, psychological or mental health condition - 5.83% (105, 573) - Long – term pain or discomfort – 10.10% (182, 897) - Shortness of breath or difficulty breathing – 8.72% (157, 907) - Frequent confusion or memory loss – 1.97% (35, 674) - A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – 6.55% (118, 612) - Other condition – 5.22% (94, 527) - No Condition – 68.57% (1, 241, 709)

	It is recognised that as people age, they are more likely to experience ill-health and disability. Data from the Health Survey NI shows that Limiting longstanding illness increases from 18% among young adults aged 25 -34 years to 52% among those who are 75 plus years.
Ethnicity	PCC Staff; Not assigned 64.29% White 35.71% Other 0.00% Black African 0.00% Indian 0.00% Chinese 0.00% Other; Other; White 96.55% Irish Traveller 0.14% Roma 0.08% Indian 0.52% Chinese 0.50% Filipino 0.23% Pakistani 0.08% Arab 0.10% Other Asian 0.28% Black African 0.42% Black Other 0.16% Mixed 0.76% Other ethnicities 0.19% (Census 2021) Statistics from the HSC Interpreting Service Report from April 2022 to June 2022 show the 10 most requested regional languages: 1. Polish 4997 2. Arabic 4772 3. Romanian 2702 4. Lithuanian 2592 5. Bulgarian 1744 6. Portuguese 1674 7. Tetum 1376 8. Slovak 1118 9. Somali 961

	10. Mandarin 850
Sexual Orientation	PCC Staff; Both Sexes 7.14% Do not wish to answer 64.29% Not assigned 25.00% Opposite sex 0.00% same sex 3.57% Other; It is estimated the one in ten people in N Ireland are from Lesbian Gay Bisexual Transgender groups.

2.3   Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both. Also give consideration to multiple identities (such as single parents for example).

Category	*Needs and Experiences*
Gender	There is no data to suggest that the needs and experiences of learners in the event of an adverse incident or if the centre withdraws services will differ on the basis of gender.
Age	Age UK informs that free local bus travel is a lifeline for many older people who do not drive, but very often this isn't an option for those who live rurally or have no local bus service available to them. For others, declining mobility may be preventing them from using public transport due to needing extra assistance. – This would be particularly important if a contingency centre became harder to access due to its location in relation to the learners.
Religion	There is no data to suggest that the needs and experiences of learners in the event of an adverse incident or if the centre withdraws services will differ on the basis of gender.
Political Opinion	There is no data to suggest that the needs and experiences of learners in the event of an adverse incident will differ on the basis of political opinion. In the event of the Centre withdrawing certain course services learners of differing political backgrounds may be more reticent attending the contingency centre if it falls in an area viewed as belonging to the "other" political community.

Marital Status	There is no data to suggest that the needs and experiences of learners in the event of an adverse incident or if the centre withdraws services will differ on the basis of marital status.
Dependent Status	Due to the increasing cost of living and the already known circumstances of many carers, the location of the alternative OCN learning centre may be important. Many rely on public transport or may not be in the position to factor in additional travel time to an alternative centre.
Disability	The safe egress and evacuation of disabled people requires careful consideration and attention because not everyone with a disability will require help. There may be people with 'hidden impairments', a heart condition or epilepsy, for example, that may require assistance in an emergency evacuation. Deaf people may not be able to hear the fire alarm, people with visual impairment may not be able to read fire exit signs clearly and people with a mental health issue may react in an unusual way. (Marsden Fire Safety) It is acknowledged that for some learners with disability, in the event of the centre withdrawing certain course services and transferring to a contingency centre, will need to be identified as having particular learning adjustments assessment requirements in relation to, for example, learning difficulties, a visual or hearing impairment or a mental illness. Location of the alternative centre is important as to accessibility by public transport; likewise, accessibility of the alternative centre. Does it meet the required needs of the learners living with a disability.
Ethnicity	There is no data to suggest that the needs and experiences of learners in the event of an adverse incident or if the centre withdraws services will differ on the basis of gender.
Sexual Orientation	There is no data to suggest that the needs and experiences of learners in the event of an adverse incident or if the centre withdraws services will differ on the basis of gender.

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.

There is no data to suggest that the needs and experiences of learners in the event of an adverse incident or if the centre withdraws services will differ for those with multiple identities.

2.5 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
When required the PCC Tutor/Assessor will complete a Personal Emergency Evacuation Plan (PEEP). A tailor made escape plan for individuals who may not be able to reach an ultimate place of safety unaided in the event of an emergency. PEEPs may be required for people with: • Mobility impairments • Sight impairments • Hearing impairments • Cognitive impairments Temporary PEEP's may be required for: • Short term injuries (i.e. broken leg) • Temporary medical conditions • Those in the later stages of pregnancy Communication (tailored to be accessible where required) will be made to all learners currently serviced by the organisation as to the situation (e.g. organisational closure) and a proposed detailed course of action to continue current learning and potential	Guidance to learners on the protocol to follow in the event of an adverse incident given to learners in advance of any training delivered on PCC premises. Centre Contingency Plan (accessible when required) circulated to all enrolled learners at the beginning of each course. The sole or primary use of remote technology will be accepted as a means of active engagement. PCC will seek assurances from OCN that alternative centres are accessible to people living with disability.

qualification outcomes with OCN NI. This includes learners who are commencing or are in the process of training and assessment, those with assessment being internally verified, through to learners awaiting certification. Decisions concerning a contingency centre will be made in collaboration with OCN with the needs of the learners affected in mind.	

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	N/A	
Political Opinion	N/A	
Ethnicity	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	X
No further impact	

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

Please tick:

Yes	
No	X

Please give reasons for your decisions.

The purpose of this plan is;

a) To ensure the Centre is evacuated safely in the event of any major incident occurring – such as fire, flood, bomb warning etc – that may be dangerous or life-threatening to staff or other users.

b) To ensure that all students will be able to continue their studies in the event of the Centre withdrawing certain course services or closing down as a result of any unforeseen circumstances, physical or administrative.

Both scenarios are considered with all equality impacts in mind.

(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?
This plan assures individuals with a disability that the PCC recognises and accepts its responsibility as an employer under the Health & Safety at Work (NI) Order 1978 for providing a safe working environment for its employees and a safe environment for its patients, visitors and other members of the public. That we will take tailored measures to ensure the safety of its patrons with a disability of their safety whilst training on PCC premises. It is acknowledged that potential Coproduction Associates whose participation will be required on the training course may have mobility or support needs. Support for care or mobility needs will be offered by the PCC as required by the service user or carer and may cover preparation, alternative transport options for travel to and from a training venue, and personal individual support both during and after the activity. For example, support may include provision of a personal assistant or a support worker.	Alternative formats will be offered where appropriate - as not all material will necessarily need to be produced in these versions, every effort to do so will be made as needed e.g. large print, Braille, audio CD, translation, etc.

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?
Commitment to equality of opportunity. Commitment to the health and safety of learners with disability. Provision of support for care of mobility if required.	

(5)   CONSIDERATION OF HUMAN RIGHTS

5.1   Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	No
Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1st protocol Article 2 – Right of access to education	No

*If you have answered no to all of the above please move on to **Question 6** on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?* Yes/No

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

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

N/A

(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
Participant Sec 75 Monitoring Leaner feedback	Disability status	N/A

Approved Lead Officer: Jessica Murray

Position: Engagement and Involvement Lead

Date: 23/11/22

Policy/Decision Screened by: Jessica Murray

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

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

Any request for the document in another format or language will be considered. Please contact: Equality.Unit@hscni.net