

# 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

Reimbursing Expenses and Reciprocal Recognition Payments Policy.

### 1.2 Description of policy or decision

#### Aims & Objectives

The Patient and Client Council are establishing an innovative service based upon a co-production associate model. The model will recruit and provide reciprocal recognition for service users and carers who are working with Health and Social Care in a personal capacity or on behalf of a group on dedicated or commissioned work, such as on co-design teams or co-delivering activities. The PCC will provide a bespoke training programme and mentoring for new recruits to ensure effective co-design/coproduction.

The programme will;

- Address the current barriers to engagement.
- Pilot the recruitment and payment of participants for specific involvement in conjunction with stakeholders.
- Develop an effective training framework and support mechanisms.

The PCC will recognise recruits as 'Co Production Associates'. Coproduction Associates are individuals who have been recruited through an open and transparent selection process to work with the HSC on a personal capacity or on behalf of a group on time bound, dedicated or commissioned work, such as co-design teams or co-delivery of peer work.

A Coproduction Associate forms part of the decision making process and take shared accountability for the co design of wider involvement strategy or consultation. Ensuring that it enables, connects and empowers the representative network to have their voices heard. They are responsible for using their lived experience to inform and steer HSC providers/policy makers how best to hear the voices of those their decisions will affect. They are required to apply genuine partnership working in finding shared solutions for barriers to true co-production and involvement. In keeping with the key principles of coproduction as set out in the 2018 Co-production Guide for NI, "Connecting and Realising Value through People", they are recognised

through remuneration and offered payment for their time. Such roles ask for a level of demonstrable leadership, skill, accountability and decision making and are typified by an involvement role description, personal specification and contractual agreement.

The PCC seek to engage individuals from many backgrounds in our work and our engagement structures provide the public with a range of opportunities to get involved according to their interest in health and social care, across different levels of complexity. This policy sets out how we support people to become involved in our work through the reimbursement of expenses and in certain circumstances offer payment. The PCC aim to ensure that individuals are not out-of-pocket when they support our work and this policy sets out when and what financial support is available. It has considered HSC regional guidance which was developed with support of service users and carers. The purpose of this policy is to ensure that our organisation offers a consistent approach in line with HSC regional guidance as to when and how we will reimburse out-of-pocket expenses and offer recognition payment.

### **How this will be achieved;**

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 training for new recruits to ensure effective co-design/co-production.
3. Pilot 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.

The independent profile of the PCC provides a significant positive impact for the public, some of whom have noted concerns about being paid directly by HSC bodies. In addition, a management resource has been allocated to support the delivery of this project. As a HSC body, the PCC can adopt systems of that from Shared Services to create a system for recruitment and payment that is fair and effective for all users. Whilst also taking responsibility to ensure that people who receive benefits are supported with independent welfare rights advice in terms of paying them for their time as part of co-production, involvement and participation activities.

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. Through its training, mentoring and reciprocal recognition the model can quality assure that a bank of service users/carers within multiple disciplines are adequately equipped and paid. The resource will provide a unified payment approach thus ensuring the efforts are concerned with outcomes and recognising the value of user engagement and their contribution.

The PCC are engaging and collaborating with a wide range of internal and external stakeholders and working across directorate and professional boundaries, with the ultimate aim to create a systematic approach across HSC to remunerating people to co-design and co-deliver innovative health and social care solutions. Presently, we are scoping opportunities for HSC partners to become involved in a pilot phase of this initiative, where impact and value will be extensively evaluated so that the first projects and first recruits may inform future learning.

### **Key Constraints**

It is recognised that there is a need for greater uniformity and consistency across HSC to recognise the contribution that service users and carers make to HSC. This includes their involvement in the design, delivery and evaluation of services across a range of settings. The establishment of a Recognition Framework would provide clarity and regional consistency to ensure that service users and carers who are involved in the HSC are given the recognition of the input, work and added value of their contribution. A formal criteria for which an involvement payment will be made should be outlined and consistent across all HSC organisations.

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

This policy applies to all staff and to all service users, carers, or members of the public and those who apply or are selected for a Coproduction Associate role.

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

The Northern Ireland Programme for Government  
Health and Wellbeing 2026- Delivering Together  
Co-Production Guide for Northern Ireland - Connecting and Realising Value  
Through People  
Regional HSC Strategies

PCC Employment Equality of Opportunity Policy  
Patient and Client Council, Statement of Strategic Intent 2022-2025  
BSO Complaints Policy  
Department of Health, 2021, Regional Guidance and Procedures for the  
Reimbursement of Expenses for Service Users and Carers in Health and  
Social Care Organisations.

## **(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 (2020) Working Together-How learning and skills support can create an inclusive labour market in NI

### **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.**

<b>Category</b>	<i>What is the makeup of the affected group? ( %) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
<b>Gender</b>	<p>PCC Staff; Male: 21.43% Female: 78.57%</p> <p>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).</p> <p>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):</p> <ul style="list-style-type: none"> <li>• gender variant to some degree 1%</li> <li>• have sought some medical care 0.025%</li> <li>• having already undergone transition 0.015%</li> </ul> <p>Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2019) N=1,881,600 (approx.):</p> <ul style="list-style-type: none"> <li>• 18,816 people who do not identify with gender assigned to them at birth</li> <li>• 470 likely to have sought medical care</li> <li>• 282 likely to have undergone transition.</li> </ul> <p>It is highly likely that those that make claims for the reimbursement of expenses and/or recognition payments come from two sub-groups in particular; service users and carers. 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</p>

	be caring (18%) with 14% caring before the pandemic started and 4% since the outbreak. (Carers NI, 2022, Carers Week Report)
<b>Age</b>	<p>PCC Staff;</p> <ul style="list-style-type: none"> <li>•25-29 - 7.14%</li> <li>•30-34 - 21.43%</li> <li>•35-39 - 14.29%</li> <li>•40-44 - 14.29%</li> <li>•45-49 - 17.86%</li> <li>•50-54 - 7.14%</li> <li>•55-59 - 17.86%</li> <li>•60-64 - 0.00%</li> <li>•&gt;=65 - 0.00%</li> </ul> <p>Other;</p> <p>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).</p> <p>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</p>



	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	<p>PCC Staff;</p> <ul style="list-style-type: none"><li>• Perceived Protestant- 3.57%</li><li>• Protestant- 17.86%</li><li>• Perceived Roman Catholic- 7.14%</li><li>• Roman Catholic- 28.57%</li><li>• Neither- 10.71%</li><li>• Perceived Neither- 0.00%</li><li>• Not assigned- 32.14%</li></ul> <p>Other;</p> <ul style="list-style-type: none"><li>• Catholic 42.31%</li><li>• Church of Ireland 11.55%</li><li>• Presbyterian 16.61%</li><li>• Methodist 2.35%</li><li>• Religion not stated 1.60%</li></ul> <p>(Census, 2021)</p>																	
Political Opinion	<p>PCC Staff;</p> <table><tr><td>Broadly Nationalist</td><td>10.71%</td></tr><tr><td>Other</td><td>7.14%</td></tr><tr><td>Broadly Unionist</td><td>3.57%</td></tr><tr><td>Not assigned</td><td>67.86%</td></tr><tr><td>Do not wish to answer</td><td>10.71%</td></tr></table> <p>Other;</p> <table><tr><td>Party</td><td>% Share</td></tr><tr><td>DUP Democratic Unionist Party</td><td>30.6%</td></tr><tr><td>SF Sinn Féin</td><td>22.8%</td></tr></table>		Broadly Nationalist	10.71%	Other	7.14%	Broadly Unionist	3.57%	Not assigned	67.86%	Do not wish to answer	10.71%	Party	% Share	DUP Democratic Unionist Party	30.6%	SF Sinn Féin	22.8%
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	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)
<b>Marital Status</b>	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.
<b>Dependent Status</b>	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

	<p>result of caring and 4% cannot afford utility bills such as electricity, gas, water or telephone bills</p>						
<b>Disability</b>	<p>PCC Staff;</p> <table> <tr> <td>No</td><td>39.29%</td></tr> <tr> <td>Not assigned</td><td>57.14%</td></tr> <tr> <td>Yes</td><td>3.57%</td></tr> </table> <p>Other;</p> <p>More than one person in five (300,000) people in Northern Ireland has a disability. The incidence of disability in Northern Ireland has traditionally been higher than Great Britain. Persons with limiting long term illness 20.36% in Northern Ireland.</p> <p>Figures from the last Census (2011) show the proportion of the population with the following disabilities:</p> <ul style="list-style-type: none"> <li>• Deafness or partial hearing loss – 5.14% (93, 078)</li> <li>• Blindness or partial sight loss – 1.7% (30, 785)</li> <li>• Communication Difficulty – 1.65% (29, 879)</li> <li>• Mobility or Dexterity Difficulty – 11.44% (207, 163)</li> <li>• A learning, intellectual, social or behavioural difficulty - 2.22% (40, 201)</li> </ul>	No	39.29%	Not assigned	57.14%	Yes	3.57%
No	39.29%						
Not assigned	57.14%						
Yes	3.57%						

	<ul style="list-style-type: none"> <li>• An emotional, psychological or mental health condition - 5.83% (105, 573)</li> <li>• Long – term pain or discomfort – 10.10% (182, 897)</li> <li>• Shortness of breath or difficulty breathing – 8.72% (157, 907)</li> <li>• Frequent confusion or memory loss – 1.97% (35, 674)</li> <li>• A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – 6.55% (118, 612)</li> <li>• Other condition – 5.22% (94, 527)</li> <li>• No Condition – 68.57% (1, 241, 709)</li> </ul> <p>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.</p>
<b>Ethnicity</b>	<p>PCC Staff; Not assigned 64.29% White 35.71% Other 0.00% Black African 0.00% Indian 0.00% Chinese 0.00%</p> <p>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%</p>

	<p>(Census 2021)</p> <p>Statistics from the HSC Interpreting Service Report from April 2022 to June 2022 show the 10 most requested regional languages:</p> <ol style="list-style-type: none"> <li>1. Polish 4997</li> <li>2. Arabic 4772</li> <li>3. Romanian 2702</li> <li>4. Lithuanian 2592</li> <li>5. Bulgarian 1744</li> <li>6. Portuguese 1674</li> <li>7. Tetum 1376</li> <li>8. Slovak 1118</li> <li>9. Somali 961</li> <li>10. Mandarin 850</li> </ol>										
<b>Sexual Orientation</b>	<p>PCC Staff;</p> <table> <tr> <td>Both Sexes</td><td>7.14%</td></tr> <tr> <td>Do not wish to answer</td><td>64.29%</td></tr> <tr> <td>Not assigned</td><td>25.00%</td></tr> <tr> <td>Opposite sex</td><td>0.00%</td></tr> <tr> <td>same sex</td><td>3.57%</td></tr> </table> <p>Other;</p> <p>It is estimated the one in ten people in N Ireland are from Lesbian Gay Bisexual Transgender groups.</p>	Both Sexes	7.14%	Do not wish to answer	64.29%	Not assigned	25.00%	Opposite sex	0.00%	same sex	3.57%
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## 2.3 Qualitative Data

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

<b>Category</b>	<b>Needs and Experiences</b>
Gender	In relation to the reimbursement of expenses and making recognition payments there is no data to suggest that the needs and experiences of potential project participants may differ on the basis of gender alone.
Age	It is acknowledged some older people are reliant of their state pension as their only form of income. Although they can use public transport for free, meeting additional costs generated by

	their involvement, upfront may be problematic. Similarly, young people in full time education may also not be in position to meet cost incurred by their involvement upfront.
Religion	There is no data to suggest that the needs and experiences of potential project participants may differ on the basis of religion.
Political Opinion	In relation to the reimbursement of expenses and making recognition payments there is no data to suggest that the needs and experiences of potential project participants may differ on the basis of political opinion.
Marital Status	There is no data to suggest that the needs and experiences of potential project participants may differ on the basis of religion.
Dependent Status	Carers are likely to have expenses over and above somebody who is not a carer, such as replacement care cost and travel cost. Meaning that from the offset their up-front costs of becoming involvement are greater than that of someone who is not a carer. The policy also does not consider the 'mental load' of arranging for the needs of the dependant to be met before attending to the carer's own needs.
Disability	Individuals with a physical disability may have additional needs in terms of potential particular needs relating to accommodation, travel, and subsistence costs. The cheapest accommodation is not always appropriate for somebody who is a wheelchair user. Individuals that have dietary particular requirements may require subsistence that is more expensive.
Ethnicity	Black and Ethnic Minority people and Travellers in Northern Ireland are at risk of racism and oppression. We also acknowledge that there is the possibility that there may be language and cultural barriers which potentially could cause a barrier to involvement in projects.
Sexual Orientation	The Rainbow Project estimates that up to one person in ten in Northern Ireland is from the Lesbian Gay Bisexual Transgender community and that there is violence and discrimination directed towards this community. We recognise that there may be a barrier to involvement for this group.

## 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.**

Female carers 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. (Carers NI, 2022, Carers Week Report) It is acknowledged that women in this position may feel they lack time and emotional capacity to take part in involvement activities. Furthermore, the processing of expenses may also be an additional mental load that they may feel is not worth the effort. Single parents on a low income may also find it problematic to meet the costs incurred by involvement upfront.

## 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?**

<i><b>In developing the policy or decision what did you do or change to address the equality issues you identified?</b></i>	<i><b>What do you intend to do in future to address the equality issues you identified?</b></i>
<p>Seek to remove barriers to participation and encourage a diversity of individuals to participate, including through reimbursing expenses and, for Coproduction Associate role, offering recognition payments.</p> <p>Be open and transparent about whether expenses will be reimbursed and/or a recognition payment is offered when advertising engagement opportunities or the Coproduction Associate role. Including as part of the registration or application process.</p> <p>Be open and transparent as to the terms and conditions of recognition payments for the Coproduction Associate role, including when</p>	<p>Create opportunity for the development of new skills and enhanced knowledge including through facilitating and encouraging training and learning opportunities and supporting networking and connecting with other HSCNI involvement participants.</p> <p>Documentation will be written in plain English (in so far as is possible for technical or complex information) and where required will be available in alternative languages and formats. Consideration will also be given to translation and interpreting services where appropriate.</p> <p>Coproduction Associates can choose to decline payments or to request a lesser amount of payment if they so</p>



<p>advertising and during the application process.</p> <p>Aim to reimburse expenses in a timely manner. In line with good practice service users and carers should expect to receive a payment within 20 working days.</p> <p>Name a PCC 'lead contact' for each engagement event, project, or meeting who individuals can contact and liaise with about expenses. And for Coproduction Associates a programme manager who will support them with all queries throughout the project.</p> <p>Actively seek a diversity of participants and recognise that service users, carers and members of the public often have complex conditions or circumstances and this may mean making bespoke arrangements to support their involvement. These will be agreed in advance with the named lead contact.</p> <p>Offer the most up to date guidance and advice on how people and carers who receive state benefits can get involved in reimbursed involvement or paid Coproduction Associate roles in PCC, highlighting what they need to be aware of to avoid any loss of benefits.</p> <p>Recognise and value the contribution that people make to our engagement work, through the reimbursement of expenses, and in Coproduction Associate roles, through recognition payments. Moreover we will acknowledge and thank them for their</p>	<p>wish. How Coproduction Associates choose to use their recognition payment is entirely at their discretion, for example, they may donate it to a charity of their choice.</p>
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<p>participation and feedback on the outcomes and impact of their involvement.</p> <p>PCC will reimburse expenses for;</p> <ul style="list-style-type: none"> <li>• Replacement care,</li> <li>• Individual support needs and;</li> <li>• Childcare costs</li> </ul> <p>The policy will refer specifically to covering the cost of accommodation that meets the individual needs of a person living with disability. Additional it will acknowledge that dietary requirement will be taking into consideration for subsistence costs.</p>	
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## 2.6 Good Relations

**What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)**

<b>Group</b>	<b>Impact</b>	<b>Suggestions</b>
Religion	N/A	N/A
Political Opinion	N/A	N/A
Ethnicity	N/A	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 PCC seek to engage individuals from many backgrounds in our work and our engagement structures provide the public with a range of opportunities to get involved according to their interest in health and social care, across different levels of complexity. This policy sets out how we support people to become involved in our work through the reimbursement of expenses and in certain circumstances offer payment. The PCC aim to ensure that individuals are not out-of-pocket when they support our work and this policy sets out when and what financial support is available. It has considered HSC regional guidance which was developed with support of service users and carers. It also includes a set of principles for PCC staff when reimbursing expenses and offering recognition payments for the work of service users, carers and the public within our engagement structures.

The PCC are engaging and collaborating with a wide range of internal and external stakeholders and working across directorate and professional boundaries, with the ultimate aim to create a systematic approach across HSC to remunerating and supporting people to co-design and co-deliver innovative health and social care solutions. This engagement process is also concerned

with identifying and addressing barriers to involvement and will monitor the uptake of involvement across identified groups on the project.

PCC are keen to welcome participation of all users, carers and communities in service planning, commissioning and provision whilst ensuring their efforts are concerned with outcomes and that there is recognition of the value of user engagement and their contribution.

It is not felt that a full EQIA would highlight any further equality issues.

## **(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?**

<b><i>How does the policy or decision currently encourage disabled people to participate in public life?</i></b>	<b><i>What else could you do to encourage disabled people to participate in public life?</i></b>
<p>Seek to remove barriers to participation and encourage a diversity of individuals to participate, including through reimbursing expenses and, for Coproduction Associate role, offering recognition payments.</p> <p>Actively seek a diversity of participants and recognise that service users, carers and members of the public often have complex conditions or circumstances and this may mean making bespoke arrangements to support their involvement. These will be agreed in advance with the named lead contact.</p> <p>The programme lead will aim to maximise the accessibility of communication, information and documents relating to the Coproduction Associate opportunity.</p> <p>Documentation referenced in the policy will be coproduced with service users. Additionally HSC colleagues from physical and learning disability will be asked to review development. As well as taking advice from community and voluntary sector colleagues that directly support and represent these</p>	<p>Recognise and value the contribution that disabled people make to our engagement work, through the reimbursement of expenses, and in Coproduction Associate roles, through recognition payments. Moreover we will acknowledge and thank them for their participation and feedback on the outcomes and impact of their involvement.</p> <p>In respect of recognition payments, people who receive state benefits may require prior permission from the benefits agency before they agree to regular associate activity and before accepting any recognition payments. There is acknowledgement that this may take additional time and will be factored into the recruitment process. This includes providing templates to correspondence communicate with Jobs and Benefits Office detailing the support offered so that uptake of a Coproduction Associate role is not mistakenly perceived as readiness for work.</p> <p>New Coproduction Associates will be welcomed by the lead contact/s through induction. This will include a briefing about the project and their role, information about where to access support and an opportunity to ask</p>

<p>communities, messaging and access points are inclusive and accessible as possible.</p> <p>Name a PCC 'lead contact' for each engagement event, project, or meeting who individuals can contact and liaise with about expenses. And for Coproduction Associates a programme manager who will support them with all queries throughout the project.</p> <p>Create opportunity for the development of new skills and enhanced knowledge including through facilitating and encouraging training and learning opportunities and supporting networking and connecting with other HSCNI involvement participants.</p> <p>PCC will reimburse individual support needs which may include a personal assistant or support person to enable a service user to participate.</p>	<p>questions. This will create an opportunity for the Coproduction Associates to explain any access needs and for the lead contact to understand how to better support them.</p>
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#### 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?

<b><i>How does the policy or decision currently promote positive attitudes towards disabled people?</i></b>	<b><i>What else could you do to promote positive attitudes towards disabled people?</i></b>
<p>Inclusive language</p> <p>Adjustment and special considerations arrangements</p> <p>Use of technology, differing formats and learning styles.</p>	<p>Recognise and value the contribution that disabled people make to our engagement work, through the reimbursement of expenses, and in Coproduction Associate roles, through recognition payments. Moreover we will</p>

<p>Commitment to equality of opportunity.  Provision of support for care of mobility if required.  Commitment to flexibility and evaluation to meet the needs of learners with disability.</p> <p>Commitment to ensure that people who receive benefits such as PIP are supported with independent welfare rights advice in terms of paying them for their time as part of co-production, involvement and participation activities. Including participation on any PCC training provision.</p>	<p>acknowledge and thank them for their participation and feedback on the outcomes and impact of their involvement.</p>
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## **(5) CONSIDERATION OF HUMAN RIGHTS**

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

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

## (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 of recruits and involvement participants.	Participant Sec 75 Monitoring of recruits and involvement participants.	

Approved Lead Officer: Jessica Murray

Position: Coproduction and Collaboration  
Project Coordinator

Date: Oct-22

Policy/Decision Screened by: Carol Collins

**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