

Equality and Human Rights Screening Template

The Northern Ireland Social Care Council is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

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

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

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

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

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:

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SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Northern Ireland Social Care Council Business Plan 2023 - 2024

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

The Northern Ireland Social Care Council (Social Care Council) was established in October 2001 under the Health and Personal Social Services (NI) Act 2001. It was designated as a public body under Section 75 in December 2002. The Council is responsible for:

- the registration and regulation of the social care workforce
- setting and regulating standards for social work education and training
- developing occupational standards
- promoting training within the broader social care workforce

Through its work, the Social Care Council aims to protect the public, by promoting and supporting confidence, competence and credibility in the social care workforce.

The Social Care Council developed a new Strategic Plan for the period April 2023 to March 2027 following a period of consultation with registrants, staff, the Board, stakeholders and partners, other HSC organisations and its Partnerships, including the Participation Partnership (which comprises people who use services and carers). To support the delivery of the new Strategic Plan the Social Care Council have developed an annual Business Plan for 2023/24 which explains what it will do during the year in support of the new strategic themes which are –

- delivering effective workforce regulation;
- developing the capability of the workforce;
- leading with influence; and
- innovating and improving.

The Business Plan is aligned to the Social Care Council's values – Respect, Integrity, Partnership and Excellence.

The Business Plan is outcome focused rather than objective driven. This means that we are measuring the difference we make and how well we achieved this.

The Social Care Council must deliver the Business Plan within its allocated funding and resources.

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

- All Social Care Council staff (permanent, fixed term, part-time, agency)
- Board Members
- Partnerships – Participation Partnership, Leaders in Social Care Partnership, Professional in Practice Partnership and Registrants Forum
- Registrants
- Employers
- People who use services and carers
- The public
- Department of Health
- Other HSC and UK Regulators
- HSC and Social Care Council stakeholders and partners.

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

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

While there may be a range of policies and procedures impacting on some key areas these will be specific to that topic. In terms of the Business Plan, the following Departmental policies and strategies have been taken into account –

- Social Care Council Strategic Plan 2023-27
- DoH Landscape Review of the Social Care Council 2021/22
- Health and Wellbeing Strategy 2026 (Department of Health);
- DoH Digital Strategy 2022 – 2030;
- Programme for Government (NI Executive);
- Improving and Safeguarding Social Wellbeing (Department of Health);
- Quality 2020 Attributes Framework (Department of Health);
- Review of Adult Social Care (Department of Health).

(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.

The Social Care Council carried out an open consultation with a range of stakeholders including its Partnerships and key stakeholders to hear at first hand their views and experience. This consultation included staff and Board Members. A survey also issued to all registrants – and 150 responses were received. In addition the Senior Leadership Team met with key stakeholders in face to face/online meetings – this included a meeting with the sponsor organisation, the Department of Health.

The views, experience and expertise of these groups informed the development of the Strategic Plan – and from that the year one business plan for 2023/27.

No requests were made to have the Plan published/made available in other forms – this would have been facilitated if this had been requested.

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	<i>What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	<p>Population NI population most recent mid-year population estimates for Population of Northern Ireland was 1,903,100. Male = 49.2%; Female = 50.8% (NISRA, 2021).</p> <p>GIRES 2014 estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office and subsequently updated:</p> <ul style="list-style-type: none"> • gender nonconforming to some degree (1%) • likely to seek medical treatment for their condition at some stage (0.2%) • receiving such treatment already (0.03%)

- having already undergone transition (0.02%)
- having a GRC (0.005%)
- likely to begin treatment during the year (0.004%).

The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among youngsters is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).

Applying GIRES figures to NI population n=1,810,900 (Census 2011):

- 18109 people who do not identify with gender assigned to them at birth
- 3622 likely to seek treatment
- 362 have undergone transition
- 91 have a Gender Recognition Certificate

Disability

The Northern Ireland Statistics and Research Agency (NISRA) in its 2007 report on disability – whilst it is recognised that the report is dated – indicated that:

There is a higher prevalence of disability among adult females with 23% of females indicating that they had some degree of disability compared with 19% of adult males;

- Male prevalence rates are only higher than female rates amongst the youngest adults (16 to 25): 6% of males compared with 4% of females;
- 8% of boys aged 15 and under were found to have a disability, compared with 4% of girls of the same age.

Figures from the Census 2011 show that there is a higher prevalence of females whose activities are 'limited a lot' – 13% of females compared to 11% of males due to their disability. However, this is to be expected given their longer life expectancy.

Broader social work and social care workforce:

Majority of the broader social care workforce are female.

Part 1 (Qualified Social Workers) – Female (82%) Male (18%)

	<p>Part 2 (Social Care Workers) - Female (85%) Male (15%) Students - Female (83%) Male (17%)</p> <p>Social Care Council Workforce – Majority are female Female = 67%; Male = 33%</p>
Age	<p>Population Age profile of the NI population (Census 2021):</p> <p>Age band Population Percentage 0-14 365,200 19.2% (15-64 1,211,500 63.7%) 15-39 594,400 31.2% 40-64 617,100 32.4% (65+ 326,500 17.2%) 65-84 287,100 15.1% 85+ 39,400 2.1% All ages 1,903,200 100%</p> <p>Disability</p> <p>Northern Ireland Statistics and Research Agency (NISRA) in its 2007 report indicated that prevalence of disability increases with age: ranging from 5% among young adults to 67% among those who are very old (85+);</p> <p>As the population ages, so does the likelihood of having a disability that limits the day to day activities ‘a lot’. Figures from 2011 Census of people who are limited a lot by their disability are as follows within the following categories;</p> <p>Male</p> <p>0-15 – 3% 16-44 – 5% 45 – 64 – 16% 65 and over – 33%</p> <p>Female</p> <p>0 – 15 – 2% 16 – 44 – 5% 45 – 64 – 17% 65 and over – 38%</p> <p>Overall there are greater proportions of older people with a disability.</p>

Broader social work and social care workforce:

Across the three core groupings of Registrations, the age profile is –

Part 1 (Qualified Social Workers) –
Up to and including 30 years – (14%)
31 – 40 years – (26%)
41 – 50 years – (30%)
51 years and over – (29%)

Part 2 (Social Care workers) –
Up to and including 30 years (25%)
31 – 40 years (21%)
41 – 50 years (26.5%)
51 years and over (27.5%)

Part 1 and 2 combined –
Up to and including 30 years (21%)
31 – 40 years (23%)
41 – 50 years (28%)
51 years and over (28%)

Social Care Council Workforce –
Aged 24 and under (3.8%)
25 – 34 years (32.1%)
35 – 44 years (13.2%)
45 – 54 years (26.4%)
55 years and over (24.5%)

	<p>Broader social work and social care workforce:</p> <p>Across the three core groupings of Registrations, the age profile is –</p> <p>Part 1 (Qualified Social Workers) – Up to and including 30 years – (14%) 31 – 40 years – (26%) 41 – 50 years – (30%) 51 years and over – (29%)</p> <p>Part 2 (Social Care workers) – Up to and including 30 years (25%) 31 – 40 years (21%) 41 – 50 years (26.5%) 51 years and over (27.5%)</p> <p>Part 1 and 2 combined – Up to and including 30 years (21%) 31 – 40 years (23%) 41 – 50 years (28%) 51 years and over (28%)</p> <p>Social Care Council Workforce – Aged 24 and under (3.8%) 25 – 34 years (32.1%) 35 – 44 years (13.2%) 45 – 54 years (26.4%) 55 years and over (24.5%)</p>
Religion	<p>Population</p> <p>Census 2021</p> <p>Current Religion</p> <ul style="list-style-type: none">• ‘no religion’ (17.4%)• ‘religion not stated’ (1.6%)• Catholic (42.3%)• Presbyterian Church in Ireland (16.6%)• Church of Ireland (11.5%)• Methodist (2.4%)• Other Christian denominations (6.9%)• Other non-Christian Religions (1.3%). <p>Religion/religion of upbringing (Number - Percentage)</p> <p>Catholic 869,800 45.7%</p>

	<p>Current religion 805,200 42.3% Religion of upbringing 64,600 3.4%</p> <p>Protestant and other Christian (including Christian related) 827,500 43.5%</p> <p>Current religion 711,000 37.4% Religion of upbringing 116,600 6.1%</p> <p>Other religions 28,500 1.5%</p> <p>Current religion 25,500 1.3% Religion of upbringing 3,000 0.2%</p> <p>None 177,400 9.3%</p> <p>All usual residents 1,903,200 100.0%</p> <p>Disability</p> <p>Not available broken down by disability</p> <p>Broader social work and social care workforce: Workforce data is not collected</p> <p>Social Care Council workforce: Catholic = 45% Protestant = 42% Not assigned = 13%</p>
Political Opinion	<p>Population</p> <p>National identity (nationality based) (Number – Percentage)</p> <ul style="list-style-type: none"> • British 814,600 42.8% • Irish 634,000 33.3% • Northern Irish 598,800 31.5% • English 16,800 0.9% • Scottish 10,200 0.5% • Welsh 2,000 0.1% • Other national identities 113,400 6.0% <p>National identity (person based) (Number – Percentage)</p> <ul style="list-style-type: none"> • British only 606,300 31.9% • Irish only 554,400 29.1% • Northern Irish only 376,400 19.8% • British & Northern Irish only 151,300 8.0% • Irish & Northern Irish only 33,600 1.8%

	<ul style="list-style-type: none"> • British, Irish & Northern Irish only 28,100 1.5% • British & Irish only 11,800 0.6% • English only/Scottish only/Welsh only 16,200 0.9% • Other combination of British/Irish/Northern Irish/English/Scottish/Welsh only 11,700 0.6% • Other national identities 113,400 6.0% • Polish only 23,900 1.3% • Lithuanian only 11,900 0.6% • Romanian only 7,100 0.4% • Portuguese only 6,900 0.4% • Bulgarian only 4,300 0.2% • Indian only 4,100 0.2% • Other national identity with one or more of British/Irish/Northern Irish/English/Scottish/Welsh only 12,700 0.7% • Other national identities 42,600 2.2% • All usual residents 1,903,200 100.0% <p>Disability</p> <p>Not available broken down by disability.</p> <p>Broader social work and social care workforce – Workforce data is not collected</p> <p>Social Care Council workforce: Broadly Nationalist = 3.8% Broadly Unionist = 7.6% Other = 1.9% Not assigned = 81.1% Do not wish to answer = 5.7%</p>
Marital Status	<p>Population [Please note: Census 2021 data relating to marital status has not yet been released (as of the date of this screening)]</p> <p>Census 2011:</p> <ul style="list-style-type: none"> • 47.56% (680, 840) of those aged 16 or over were married • 36.14% (517, 359) were single • 0.09% (1288) were registered in same-sex civil partnerships • 9.43% (134, 994) were either divorced, separated or formerly in a same – sex partnership • 6.78% (97, 058) were either widowed or a surviving partner

	<p>Disability</p> <p>Not available broken down by disability.</p> <p>Broader social work and social care workforce: There is some data but not enough to inform equality screening.</p> <p>Social Care Council workforce – Anecdotal evidence suggests that at least half of the employees are married/co-habiting</p>
Dependent Status	<p>Population</p> <p>Census 2021</p> <p>Table 17: Provision of unpaid care (‘Provision of unpaid care’ covers looking after, giving help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age. It excludes any activities carried out in paid employment.)</p> <p>Northern Ireland All usual residents aged 5 and over 1,789,348 Percentage of usual residents aged 5 and over who provide:</p> <p>No unpaid care 87.58% 1-19 hours unpaid care per week 5.63% 20-34 hours unpaid care per week 1.38% 35-49 hours unpaid care per week 1.57% 50+ hours unpaid care per week 3.84%</p> <p>Carers NI (State of Caring 2022 report)</p> <p>There are over 290,000 people providing some form of unpaid care for a sick or disabled family member or friend in Northern Ireland – around 1 in 5 adults. (Carers UK (2022). Carers Week research report 2022.)</p> <p>Of those participating in the survey...</p> <ul style="list-style-type: none"> • 82% identified as female and 17% identified as male. • 4% are aged 25-34, 17% are aged 35-44, 33% are aged 45-54, 31% are aged 55-64 and 14% are aged 65+. • 24% have a disability. • 98% described their ethnicity as white. • 28% have childcare responsibilities for a non-disabled child under

the age of 18 alongside their caring role.

- 56% are in some form of employment and 18% are retired from work.
- 31% have been caring for 15 year or more, 16% for between 10-14 years, 25% for 5-9 years, 25% for 1-4 years, and 3% for less than a year.
- 46% provide 90 hours or more of care per week, 13% care for 50-89 hours, 23% care for 20-49 hours, and 19% care for 1-19 hours per week.
- 67% care for one person, 25% care for two people, 5% care for three people and 3% care for four or more people.

Disability

It may be concluded that a considerable share of people with a disability are carers themselves.

Broader social work and social care workforce
Workforce data is not collected

Social Care Council workforce –
Anecdotal evidence suggests that at least half of the employees have dependents).
Yes = 9.4%
No = 9.4%
Not assigned = 81.1%

Disability	<p>Population</p> <p>Census 2021</p> <p>Out of all usual residents (n=1,903,179), the Percentage of usual residents whose day-to-day activities are:</p> <p>Limited a lot – 11.45% Limited a little – 12.88% Not limited – 75.67%</p> <p>('Day-to-day activities limited' covers any health problem or disability (including problems related to old age) which has lasted or is expected to last for at least 12 months.)</p> <p>The breakdown of the various long-term conditions as outlined in the 2021 Census is:</p> <table border="1" data-bbox="319 2011 1433 2051"> <thead> <tr> <th data-bbox="319 2011 885 2051">Type of long-term condition</th> <th data-bbox="885 2011 1433 2051">Percentage of population</th> </tr> </thead> </table>	Type of long-term condition	Percentage of population
Type of long-term condition	Percentage of population		

	with condition %
Deafness or partial hearing loss	5.75
Blindness or partial sight loss	1.78
Mobility of Dexterity Difficulty that requires wheelchair use	1.48
Mobility of Dexterity Difficulty that limits basic physical activities	10.91
Intellectual or learning disability	0.89
Learning difficulty	3.5
Autism or Asperger syndrome	1.86
An emotional, psychological or mental health condition	8.68
Frequent periods of confusion or memory loss	1.99
Long – term pain or discomfort.	11.58
Shortness of breath or difficulty breathing	10.29
Other condition	8.81

Information on rare diseases provided by NI Rare Diseases Partnership www.nirdp.org.uk suggests 1 in 17 people is likely to be affected by a rare disease at some point in their lives; that is around 110,000 people in Northern Ireland. A disease is “rare” if it affects fewer than 1 people per 2,000.

Research using data from 2011 ([Getting and staying in work - LLTI 2001 - Research Report \(nisra.gov.uk\)](#)) suggests that

- The disability employment gap in 2011 was 52.3 percentage points (pps) – the difference in employment rate between those with (31.4%) and without a long-term health problem or disability (83.7%) of the household population aged 30 to 59 years.
- A statistical modelling exercise found that general health explains around a quarter (25.7%) of the disability employment gap (13.4 out of 52.3pps). Other large contributors are educational qualifications (6.4pps) and providing unpaid care (5.6pps). The unexplained part (15.4pps) accounts for 29.5% of the disability employment gap.
- This analysis was repeated for several disabilities or health conditions. The employment gap ranges from 14.5pps for deafness or partial hearing loss, to 61.8pps for those with frequent periods of confusion or memory loss.
- The combination of general health, other health conditions and highest educational qualifications explained more than

half of the employment gap for each condition except for those with an emotional, psychological or mental health condition (42.4%), which also has the largest proportion of the employment gap (31.7%) that could not be explained.

The employment gap differences by health condition were calculated as:

Employment gap in 2011 by health condition

Disability or health condition - Raw employment gap (pps)

Confusion or memory loss – 61.8

Communication difficulty – 55.9

Learning/ behavioural difficulty – 54.5

Mobility or dexterity difficulty – 53.4

Mental health – 51.3

Long-term pain or discomfort – 42.0

Blindness or partial sight loss – 31.9

Chronic illness – 27.7

Difficulty breathing – 25.1

Deafness / partial hearing loss – 14.5

Other health condition – 24.7

Broader social work and social care workforce –

Less than 5% of the workforce has a disability

Social Care Council workforce –

Less than 5% of the workforce have declared a disability

No = 67.9%;

Yes = 3.8%;

Not assigned = 28.3%

Ethnicity

Population

In the general population the 2021 Census indicated that 3.4% (65,600) of the usual resident population belonged to minority ethnic groups.

Ethnic Group

Ethnic Group Number Percentage

White 1,837,600 96.6%

Minority Ethnic Group 65,600 3.4%

Black 11,000 0.6%

Indian 9,900 0.5%

Chinese 9,500 0.5%

Filipino 4,500 0.2%

Irish Traveller 2,600 0.1%

Arab 1,800 0.1%

Pakistani 1,600 0.1%
 Roma 1,500 0.1%
 Mixed Ethnicities 14,400 0.8%
 Other Asian 5,200 0.3%
 Other Ethnicities 3,600 0.2%
 All usual residents 1,903,200 100.0%

Country of birth

Country of birth Number Percentage
 Northern Ireland 1,646,300 86.5%
 Great Britain 92,300 4.8%
 England 72,900 3.8%
 Scotland 16,500 0.9%
 Wales 2,800 0.2%
 Republic of Ireland 40,400 2.1%
 Outside United Kingdom and Ireland 124,300 6.5%
 Europe (other EU countries) 67,500 3.5%
 Europe (other non-EU countries) 3,700 0.2%
 Other Countries in the World 53,100 2.8%
 All usual residents 1,903,200 100.0%

Main language of usual residents aged 3 and over

Main language Number Percentage
 English 1,751,500 95.4%
 Main language not English 85,100 4.6%
 Polish 20,100 1.1%
 Lithuanian 9,000 0.5%
 Irish 6,000 0.3%
 Romanian 5,600 0.3%
 Portuguese 5,000 0.3%
 Arabic 3,600 0.2%
 Bulgarian 3,600 0.2%
 Other languages 32,200 1.8%
 All usual residents aged 3 and over 1,836,600 100.0%

Figures from the 2011 Census provide the prevalence of disability among the following ethnic groups

Percentage of those whose disability limits their day to day activities a lot

All – 12%
 Irish Traveller – 20%
 White other – 12%
 Chinese – 3%
 Indian – 3%

	<p>Pakistani – 6% Bangladeshi – 4% Other Asian – 2%</p> <p>Considering the 2011 Census figures for the ethnic composition of the General Population alongside those of People whose disability limits their day to day activities a lot, it shows that, with the exception of Irish Travellers, black and minority ethnic people are underrepresented amongst those with a disability when compared with their share amongst the general population.</p> <p>White – 98.21% (1, 778, 449) – 99.40% Chinese – 0.35% (6, 338) – 0.10% Irish Traveller – 0.07% (1, 268) – 0.12% Indian – 0.34% (6, 157) – 0.08% Pakistani – 0.06% (1, 087) – 0.03% Bangladeshi – 0.03% (543) – 0.01% Other Asian – 0.28% (5, 070) – 0.03% Black Caribbean – 0.02% (362) – 0.01% Black African – 0.13% (2354) – 0.03% Black Other – 0.05% (905) – 0.02% Mixed – 0.33% (5976) – 0.10% Other – 0.13% (2354) – 0.08%</p> <p>Broader social work and social care workforce – Approx. 5% of the workforce belong to an ethnic minority</p> <p>Social Care Council workforce – Less than 5% of the workforce: White = 75.5% Not assigned = 24.5%</p>
Sexual Orientation	<p>Population Please note: Census 2021 data relating to sexual orientation has not yet been released (as of the date of this screening)]</p> <p>Not available by disability though if the general population shows figures between 7-10% of the population who are gay, lesbian or bisexual assumptions have to be made in relation to dual issues of sexual orientation and disability (see also qualitative issues in section 2.4)</p> <p>This assumption is also supported by research in Northern Ireland on people with a disability who identify as lesbian, gay or bisexual -</p>

McClenahan, Simon (2013): Multiple identity; Multiple Exclusions and Human Rights: The Experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland. Belfast: Disability Action.

Broader social work and social care workforce –
Workforce data is not collected

Social Care Council workforce –
Less than 5% of the workforce:
Opposite sex = 18.87%
Not assigned = 81.1%

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.

BUSINESS PLAN 2023/24 – EQUALITY CONSIDERATIONS

This Business Plan sets out the key areas of work for 2023-24, aligned with Strategic Objectives, across all business areas. The NI Social Care Council recognises that these areas of work as defined in the Business Plan are too top level to meaningfully undertake screening at this stage. We therefore make a commitment to equality screen relevant work areas as they are taken forward – see table below:

Strategic Theme	Business Objectives	Issue	Screening
Deliver effective regulation	1,2, 4, 6, 7, 8	Engagement, awareness and other campaigns must consider the diversity of the audience and ensure that the communication is accessible – this includes people with a disability, where English is not the first language, age, and those with dependents/carers who may not be able to access the engagement at certain times of the day.	Larger campaigns will be equality screened and consideration given to adjustments required to reflect the needs and experiences of all recipients.
	3	Review of Fitness to Practise Hearings must consider the impact on all individuals including those with a disability/access requirements and/or ethnicity and/or caring responsibilities.	The outcome of the review will be equality screened.
Develop the capability of	1, 2	This will be dependent on the actions being taken to deliver social care	These will need equality screened if they change

the workforce		reform or social work education and standards.	processes/are subject to a decision.
	3, 4, 5	Engagement, awareness and other campaigns must consider the diversity of the audience and ensure that the communication is accessible – this includes people with a disability, where English is not the first language, age, and those with dependents/carers who may not be able to access the engagement at certain times of the day.	Larger campaigns will be equality screened and consideration given to adjustments required to the reflect the needs and experiences of all recipients.
Lead with Influence	3, 4, 5	Leaders in Social Care Partnership; Social Care Collaborative forum and work with RQIA – the activities/actions arising may require screening if they are change a process/outcome or require a decision.	These will need equality screened if they change processes/are subject to a decision.
	6, 7, 8	Engagement, awareness and other campaigns must consider the diversity of the audience and ensure that the communication is accessible – this includes people with a disability, where English is not the first language, age, and those with dependents/carers who may not be able to access the engagement at certain times of the day.	Larger campaigns will be equality screened and consideration given to adjustments required to the reflect the needs and experiences of all recipients.
Innovate and Improve	1	Engagement Strategy	This must be equality

			screened – with particular regard to those with a disability, carers and ethnicity.
	2, 3, 4, 7	Engagement, awareness and other campaigns must consider the diversity of the audience and ensure that the communication is accessible – this includes people with a disability, where English is not the first language, age, and those with dependents/carers who may not be able to access the engagement at certain times of the day.	Larger campaigns will be equality screened and consideration given to adjustments required to the reflect the needs and experiences of all recipients.
	5	Development of case management system	If these changes result in a change to procedures/process then it will require equality screening. A Data Protection Impact Assessment (DPIA) will be required.
	6	Development of an App for registrants	This will be equality screened (and a DPIA) to ensure it is compliant in respect of people with a disability.
People	1	IIP Action Plan	This will need equality

			screened if the actions result in changes/decisions.
	2	Reward and Recognition Strategy	This will be equality screened.
	4	People Plan	This will be equality screened.
	6	Engagement, awareness and other campaigns must consider the diversity of the audience and ensure that the communication is accessible – this includes people with a disability, where English is not the first language, age, and those with dependents/carers who may not be able to access the engagement at certain times of the day.	Larger campaigns will be equality screened and consideration given to adjustments required to the reflect the needs and experiences of all recipients.
Communications	8	Engagement, awareness and other campaigns must consider the diversity of the audience and ensure that the communication is accessible – this includes people with a disability, where English is not the first language, age, and those with dependents/carers who may not be able to access the engagement at certain times of the day.	Larger campaigns will be equality screened and consideration given to adjustments required to the reflect the needs and experiences of all recipients.

Category	<i>Needs and Experiences – please see table above for detail</i>
Gender	The majority of the social work and social care workforce is female and this should be considered in the context of delivering the strategic actions arising from the Business Plan.
Age	Consideration should be given to older groups when considering the delivery of engagement and digital transformation to ensure there is an appropriate balance and accessibility to services.
Religion	There are no identified different needs or experiences on the basis of religion.
Political Opinion	There are no identified different needs or experiences on the basis of political opinion.
Marital Status	There are no identified different needs or experiences on the basis of marital status.
Dependent Status	Those with caring responsibilities need to have access to the services provided by the Social Care Council at times that suit them best to manage their caring responsibilities. This may include having online options available that can be accessed out of traditional working hours.
Disability	Consideration must be given at all times to how people with a disability can access our services so that they are not disadvantaged in any way and have a quality experience when engaging with us. Consideration must be given to the range of disabilities on each occasion including those with sensory or learning disabilities who require communication support or materials provided in an alternative format.
Ethnicity	The Business Plan notes the importance of cultural competence and the need to ensure that the social work and social care workforce are supported to work effectively with people of various cultural backgrounds and understand how their cultural beliefs may differ from other cultures.
Sexual Orientation	There are no identified different needs or experiences on the basis of sexual orientation.

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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.

Consideration must be given to all groups when delivering the outcomes of the Business Plan – see table on pages 18 -21

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>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p><u>Dependant and Disability Status</u></p> <p>During the development of the Business Plan we enhanced what we are doing to support and enable people who use service and carers and those with a disability.</p> <p>Issues relating to accessible information for people with disabilities are considered in our Accessible Formats Policy.</p> <p><u>Ethnicity Status</u></p> <p>During the development of the Business Plan we recognised the need to include what we are doing to support a diverse social work and social care workforce.</p>	<p>We will deliver a new strategic action to support people who use services and carers.</p> <p>We will ensure our services and engagement approach are accessible by all.</p> <p>We will deliver a new strategic action to support cultural competence in the social work and social care workforce.</p>

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 identified at this stage	
Political Opinion	None identified at this stage	
Ethnicity	None identified at this stage	

(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)

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

Please tick:

Major impact	<input type="checkbox"/>
Minor impact	<input checked="" type="checkbox"/>
No further impact	<input type="checkbox"/>

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions.

The issues identified through screening have been addressed. It is not felt that an EQIA will illustrate any further equality issues with the plan. Areas identified for screening have been set out at the table on pages 18 – 21.

(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?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
People with a disability were involved in the consultation on the Strategic Plan and their views and experiences have been included in the new Plan.	We will continue to harness our Participation Partnership and the Equality Unit in BSO to help us deliver on our responsibilities in relation to people with a disability.

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
We will use the Plan to help us to continue to engage with people who use services and carers and this will include people with a disability.	

(5) CONSIDERATION OF HUMAN RIGHTS

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

ARTICLE	Yes/No
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No

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

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

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

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

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

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

None identified

(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
We will continue to improve and source our Section 75 equality data in relation to the social work and social care workforce, and staff in the Social Care Council to ensure we have informed data when making policy decisions that may impact on those individuals.		

Approved Lead Officer: Sandra Stranaghan
Position: Head of Business Services
Date: April 2023
Policy/Decision Screened by: Senior Leadership Team

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:

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