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?

SCREENING TEMPLATE

See Guidance Notes for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Adult Safeguarding Protocol

1.2 Description of policy or decision

PCC is currently working to improve standards of care and provision for children, young people, and adults. Part of this work is looking at current policies, with a view to augmenting them so they reflect best practice and evolving theoretical approaches.

In line with this, the Adult Safeguarding Protocol (ASP) has been reviewed. Adult Safeguarding is the term used for activities which prevent harm from taking place and which protect adults at risk (where harm has occurred or is likely to occur without intervention).

These procedures outline the actions needed to respond to adults at risk of abuse or harm and are in line with new guidelines from the Northern Ireland Adult Safeguarding Partnership.

This is timely. In 2019-2020, there were 475,560 adult safeguarding concerns raised across the UK – a rise of 14.6% on the previous year.

1.3 Main stakeholders affected (internal and external)

Internal
- Staff
- Council members
- Engagement platform members
- PCC Members

External
- Health and Social Care Trust Services
- Health and Social Care Trust Adult Protection Gateway Services

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- Regional Emergency Social Work Services
- RQIA

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

- Co-operating to Safeguard Children and Young People Policy
- PCC Disciplinary Policy
- PCC data protection policy
- Policies of HSCT Adult Protection Gateway Services
- Safeguarding Board for Northern Ireland Procedures Manual (proceduresonline.com)
- Safeguarding Vulnerable Groups (Northern Ireland) Order 2007
- Forced Marriage Prevention Act 2007
- Female Genital Mutilation Act 2003
- Trafficking: Sexual Offences Act 2003,
- National Immigration and Asylum Act 2002
- Gangmasters Licensing Act, 2004
- The Children (Leaving Care) Act 2000
- Human Rights Act 1998 (enacted 2000)
- Section 157 and 175 of the Education Act 2002.

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES

AND EVIDENCE USED

2.1 Data gathering

The PCC's safeguarding referrals and activity levels are annually audited by BSO Internal Audit and comply with all action planning pertaining to service improvements identified.

All policies and procedures including the Safeguarding Policy will be monitored on a regular basis by PCC's Executive Management Team to ensure it is up to date.

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.

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.

The need for a Safeguarding Policy within PCC has been identified as a result in the increasing number of referrals in this service area by 8% in the overall referral rate. At the minute, the PCC's reporting system is not able to identify this information. However, the PCC have noted this weakness in their current system and are working towards a new system which will collect this Section 75 data in the future.

As an organisation, it is deemed appropriate that all staff, managers and PCC Council members have a clear understanding and are aware of the procedure related to Adult Safeguarding and to ensure there is compliance with the regional Adult Safeguarding policy and procedure.

The below report is useful when considering quantitative data used for this policy:
https://pureadmin.qub.ac.uk/ws/portalfiles/portal/130753718/NI_Safegaurding_for_review.pdf

The above report notes: "In 2015/16, the 7747 referrals made (NIASP Annual Report 2015/16), represented 55 in every 10,000 of the population of NI aged 18 years or over. 36% of these referrals were in relation to people aged 65 or older and 32% were in relation to adults with learning disabilities. In 2015-16, suspected financial abuse was the most common reason for referral, accounting for 49% of all referrals, including 45% of referrals in relation to older people and 64% of referrals in relation to people with a learning disability. The other most common categories of referral were "neglect" at 14% and "physical abuse" at 12% of referrals. Whilst 44% of investigations took place in residential or nursing homes for older people, an increasing number of referrals are being received where the adult in need of protection is in receipt of services in their own home. 30% of recorded investigations took place in adult mental health units."

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	Male	21.43%	
	Female	78.57%	
Age	16-24	0.00%	
	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%	

Community Background	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%	
Political Opinion	Broadly Nationalist	10.71%	
	Other	7.14%	
	Broadly Unionist	3.57%	
	Not assigned	67.86%	
	Do not wish to answer	10.71%	
Marital Status	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%	
Dependent Status	Yes	17.86%	
	Not assigned	67.86%	
	No	14.29%	
Disability	No	39.29%	
	Not assigned	57.14%	
	Yes	3.57%	
Ethnicity	Not assigned	64.29%	
	White	35.71%	
	Other	0.00%	
	Black African	0.00%	
	Indian	0.00%	
	Chinese	0.00%	
Sexual Orientation	Both Sexes	7.14%	
	Do not wish to answer	64.29%	
	Not assigned	25.00%	
	Opposite sex	0.00%	
	same sex	3.57%	

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	'Barriers for Women from Disadvantaged Areas' (2009) makes a similar recommendation. Evidence suggests that women are more likely to care for someone in another household, overall 22% of men are carers compared to 30% of women. (ARK, NI, June 2011) 'Priorities for Men' (2009) recommends that there is careful monitoring of "who we are talking to". Review of the evidence base for Protect Lifeline – A shared Vision: The Northern Ireland Suicide Prevention Strategy, DHSSPS, January 2010 recognises the need to engage men, noting the needs of the prison population. 'Men and Suicide' (2012) identified the social issues impacting on men not engaging in help seeking behaviour, Temporary accommodation: high numbers of mobile families makes it difficult to trace women even when they have begun to engage in the safeguarding process. Estimated 100 to 140 million girls and women worldwide are currently living with the consequences of FGM. Forced marriage victims across the UK; 87% involved female victims and 13% involved male victims. The PCC's policy is applicable to all those that were referred to the PCC irrespective of their gender and staff are aware of the need to be compliant with all Section 75 requirements.
Age	Forced marriage victims; – 35% involved victims aged 18-21, – 12% involved victims aged 22-25, – 5% involved victims aged 26-30, – 2% involved victims aged 31-40, – 1% involved victims aged 41-5. 'Other Borders' (2006) notes that there needs to be greater encouragement to ensure the participation of older women. Older People's Advocate (2010) recommend that when communicating with older people there is recognition of the diversity of need within that group in relation to literacy levels, access to IT skills and equipment , geographical isolation and accommodation including those in nursing and residential homes.

	'Other Borders' (2006) recommends that documents need to be written in an accessible way – Plain English. Alternative formats should be offered e.g. large print, Braille, audio CD, translation, etc.

The PCC's policy is applicable to all those that were referred to the PCC irrespective of their age and staff are aware of the need to be compliant with all Section 75 requirements. |
| Religion | 'Population and Social Inclusion Study', St Columb's Park House in partnership with INCORE and QUB (2005, updated in 2008), and Healthy Cities research (2007) on participation of people from Protestant/ Loyalist/ Unionist (PLU) working class communities suggested that there was less awareness of the relevance of engaging in health consultations.

The PCC's policy is applicable to all those that were referred to the PCC irrespective of their religion/political opinion and staff are aware of the need to be compliant with all Section 75 requirements. |
| Political Opinion | See above |
| Marital Status | 1 in 4 women in Ireland who have been in a relationship have been abused by a current or former partner. In 2019, there were 19,258 disclosures of domestic violence against women noted during 20,763 contacts with Women's Aid Direct Services.

The PCC's policy is applicable to all those that were referred to the PCC irrespective of their marital status and staff are aware of the need to be compliant with all Section 75 requirements. |
| Dependent Status | An estimated 4.5 million people in the UK have become unpaid carers as a result of the Covid-19 pandemic. Hazell et al (2019) encountered four main carer-specific barriers to the recruitment and retention of participants in our study. These were: (1) poor relationship with mental health clinicians, (2) conflicting with the care recipient's (CR) needs, (3) lack of spare time, and (4) lack of services for mental health carers.

These are comorbid abuse factors; proxy measures which can leave a person more vulnerable to adult abuse.

The PCC's policy is applicable to all those that were referred to the PCC irrespective of their dependent status and staff are aware of the need to be compliant with all Section 75 requirements. |
| Disability | An impairment can raise the risk of abuse as it creates a barrier to full community engagement and can make social isolation more likely.

N 2018, 14,655 safeguarding enquiries were raised by people / for people with learning difficulties.

The PCC's policy is applicable to all those that were referred to the PCC irrespective of their disability and staff are aware of the need to be compliant with all Section 75 requirements. |

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 safeguarding reporting. For non-Western cultures, access to and quality of interpreters is an issue. Women cannot speak out, very often and this is a double bind of their gender as well as cultural identity. Adverse impact due communication barriers and from services not having engaged communities - Betancourt et al, 2002

We know too that cultural barriers may inhibit criticism of public bodies / locally funded healthcare. Seeking out safe spaces for shared discussion and annonymising data should help with these issues. Assessments are ineffective because they fail to grasp cultural/religious ways of life and the subtleties of differences in BME families (e.g. Lau 1998; Maitra 1995;1996; Hodes 1995)

The PCC's policy is applicable to all those that were referred to the PCC irrespective of their ethnicity and staff are aware of the need to be compliant with all Section 75 requirements. |
| 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.

The PCC's policy is applicable to all those that were referred to the PCC irrespective of their sexual orientation and staff are aware of the need to be compliant with all Section 75 requirements. |

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.

People with multiple identities may face further exclusion.

Despite the higher prevalence of learning disabilities among some minority ethnic communities and the greater burden of care, families from minority ethnic communities with a member who has learning disabilities are doubly

disadvantaged as a result of racial discrimination and culturally inappropriate forms of care and service provision.

Young working class Protestant and Nationalist men may have particular issues around exclusion which need to be addressed.

The prison population has been identified as excluded in society.

For people with a learning disability who are exploring their sexual orientation, and have never been in a relationship or have been sexually active, they may need support and education to enable them to develop and maintain intimate relationships. Failure to provide it can lead to safeguarding issues.

A care home resident who has had a traumatic brain injury might not understand their health needs. If they are supported to undress by a care worker, they might misinterpret personal care as a sexual advance. This leaves them open to predators within the system.

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?*
We relied on **Safeguarding Board for Northern Ireland Procedures Manual (proceduresonline.com)** when authoring this policy in order to ensure we adhered to best practice and the current procedures across HSCT areas in N. Ireland, knowing they had equality screened their efforts. We also spoke with staff to understand if there were barriers to implementing	In writing policies, we consider the different groups who may present to our services. We're trying to grow our membership and diversify the clients using our client support services through our Involvement efforts. Where equitable approaches are needed, in order to ensure people can use the policies, we make them explicit and try to help staff, through supervision and team meetings to think how best to design them. We utilise our network of networks to bring

this protocol in their every day working life.	to bear the operational knowledge needed to make a good policy a workable one. Following the implementation of the Adult Safeguarding Policy, the PCC have a training policy in place to ensure all staff have been trained appropriately. The PCC have commissioned a specialist in Adult Safeguarding issues to be deliver this specialist training annually, to ensure all staff are informed of the correct process and procedures in relation to this area. Following implementation of this policy, the PCC will take stock of trends within NI when delivering their programme of training to staff which includes (more recently) Adult and Child Trafficking and the needs of the refugee community.

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		
Ethnicity		

(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

The aim of the policy is to help our staff better protect adults who present to us and require support regarding safeguarding issues. It helps our staff identify where a client may need safeguarding support. It aligns with the Safeguarding Board for Northern Ireland Procedures Manual (proceduresonline.com) .

(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?

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?
Inclusive language Inclusive icons	Co produce future statements with people who have disabilities

(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.
 	
• Article 8 ECHR provides: 'Everyone has the right to respect for (their) private and family life, (their) home and correspondence'. Public authorities may only interfere with this right where this is in accordance with the law and is necessary in a democratic society in the interests of:
   • Public safety;
   • The prevention of disorder or crime;
   • The protection of health or morals; or
   • The protection of the rights and freedoms of others.
The interference by public authorities must be proportionate to the risk or other reason for acting
	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
N/A			

* 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
Ethnicity Religion	Disability status	

Approved Lead Officer: Carol Collins

Position: Business Support Manager

Date: 6th September 2022

Policy/Decision Screened by:

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