

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

# 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

Business Transition Plan

### 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)**

In response to the COVID-19 Pandemic, the Northern Ireland Social Care Council (Social Care Council) required all of its staff to work remotely from home. The office was closed (and remains closed). The Social Care Council Board approved a Business Transition Plan in June 2020 that would be activated at a time that was safe to do so. The Business Transition Plan enables the organisation to resume working from the office premises.

During the pandemic (and currently) all staff remain headquartered at the office premises.

The organisation has continually engaged its staff during the pandemic and on planning an agile working future. During the pandemic (and currently) staff can access the office for business essential reasons and for health and wellbeing reasons). In addition the organisation used numerous pulse surveys to reach out to staff and ensure it was having an impact on supporting staff.

Staff have collectively designed their Agile Working arrangements (these are currently being piloted from 3 May to end July 2022 ahead of moving premises later this year).

The Board are now being asked to activate the Business Transition Plan (phase 2) with a view to activating Phase 3 to coincide with the move to James House.

### **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**

Primarily

- All Social Care Council staff (permanent, fixed term, part-time, agency)
- Board Members
- Partnership Group members (Participation, Professional in Practice, Workforce Development and Registrants Forum)

There may be some impact on Registrants.

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

- **what are they?**
- **who owns them?**
  
- Agile Working Pilot;
- Terms and Conditions;
- Flexi Scheme;
- Flexible Working Policy;
- Special Leave Policy.

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

### **2.1 Data gathering**

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

The Social Care Council carried out numerous Pulse Surveys with its staff and also carried out four online all staff events to ascertain how staff were managing working remotely but also to design the agile working pilot for May 2022 –

- 8 Pulse Surveys
- 24 Townhalls
- 3 Agile Working Pilots (in addition to the May 2022 pilot).

Staff were engaged in relation to –

- Mental health
- Psychological health
- Social health
- Caring responsibilities
- IT and other skills
- Communications, connections and engagement

In August 2020 it was recognised that some staff needed an alternative work space to support their mental health wellbeing and the office was therefore made available from that time for that reason.

Staff's S75 data was also used to identify potential issues.

Other sources of general NI population data include the 2011 Census; the NI Health Survey 2017; the Northern Ireland Life and Times Survey (NILT) (2016); and the Northern Ireland Pooled Household Survey (NIPHS) tables (2017).

## 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.**

<b>Category</b>	<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	<p><b>Social Care Council Workforce – majority are female</b>  <b>Female = 67%; Male = 33%</b></p> <p>NI population most recent mid-year population estimates for Population of Northern Ireland was 1,903,100. Male = 49%; Female = 51% (NISRA, 2021).</p> <p>Majority of the broader social care workforce are female</p> <p>Part 1 (Qualified Social Workers) – Female (82%) Male (18%)  Part 2 (Social Care Workers) - Female (85%) Male (15%)  Students - Female (83%) Male (17%)</p>
Age	<p><b>Social Care Council Workforce –</b>  <b>Aged 24 and under (3.8%)</b>  <b>25 – 34 years (32.1%)</b>  <b>35 – 44 years (13.2%)</b>  <b>45 – 54 years (26.4%)</b>  <b>55 years and over (24.5%)</b></p> <p><u>NI Population</u> most recent mid-year population estimates show that:</p> <p>0 – 14 = 478,400 (25.1%)  20 – 34 = 353,800 (18.6%)  35 – 49 = 371,200 (19.5%)  50 – 64 = 373,200 (19.6%)  65 – 79 = 243,400 (12.8%)  80 = 83,200 (4.4%)  (NISRA, 2021)</p> <p>Broader social care workforce:  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) –</p>

	<p>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>
Religion	<p><b>Social Care Council workforce:</b>  <b>Catholic = 45%</b>  <b>Protestant = 42%</b>  <b>Not assigned = 13%</b></p> <p><u>NI Population:</u> Catholic = 296,577 households (42.2%)  Protestant and other Christian = 372,213 (52.9%)  Other Religions = 6654 (0.9%)  None = 27,831 (4.0%) (Census Data, 2021)  Broader social care workforce: Workforce data is not collected</p>
Political Opinion	<p><b>Social Care Council workforce:</b>  <b>Broadly Nationalist = 3.8%</b>  <b>Broadly Unionist = 7.6%</b>  <b>Other = 1.9%</b>  <b>Not assigned = 81.1%</b>  <b>Do not wish to answer = 5.7%</b></p> <p><u>NI Population:</u> Unionist (29%); Nationalist (24%); Neither (46%);  Other/Don't Know (2%) (NILT, 2016)  Broader social care workforce – workforce data is not collected</p>
Marital Status	<p><b>Social Care Council workforce - Anecdotal evidence suggests that at least half of the employees are married/co-habiting</b></p> <p><u>NI Population:</u>  Single (never married) 33%;  Married and living with husband/wife or civil partner in a legally-registered civil partnership 50%;  Married and separated from husband/wife/civil partner 3%;  Divorced/Dissolution 6%;  Widowed 8% (NILT, 2016)</p> <p>Broader social care workforce: There is some data but not enough to inform equality screening.</p>

<p>Dependent Status</p>	<p><b>Social Care Council workforce - Anecdotal evidence suggests that at least half of the employees have dependents).</b>  <b>Yes = 9.4%</b>  <b>No = 9.4%</b>  <b>Not assigned = 81.1%</b></p> <p><u>NI Population:</u>  Carers NI suggests that 1 in 8 people in NI are providing unpaid care. Similarly, CAUSE estimates that there are over 290,000 people providing unpaid care in Northern Ireland. This includes carers across the age spectrum caring for people with learning disabilities, life-limiting illnesses and mental ill-health.</p> <p>Census data also shows that 3.11% provided 50 hours care or more. Almost 2 in 5 households (40.29%) contained a least one person with a long – term health problem or a disability.</p> <p>In the last Census, 33.86% of households contained dependent children.</p> <p>365,200 households have dependent children (33.86% of all NI households) (Census, 2021);  13% caring responsibilities (NI Health Survey, 2016/17);  Broader social care workforce – workforce data is not collected</p>
<p>Disability</p>	<p><b>Social Care Council workforce - Less than 5% of the workforce have declared a disability</b>  <b>No = 67.9%;</b>  <b>Yes = 3.8%;</b>  <b>Not assigned = 28.3%</b></p> <p><u>NI Population:</u> 41% longstanding illness (30% limiting and 12% non-limiting illness (Health Survey NI, 2021-22)  Broader social care workforce – Less than 5% of the workforce has a disability.</p>
<p>Ethnicity</p>	<p><b>Social Care Council workforce – less than 5% of the workforce:</b>  <b>White = 75.5%</b>  <b>Not assigned = 24.5%</b></p> <p><u>NI Population:</u> Ethnicity White 98.2% (1,409,000);  All other Ethnicities 1.8% (26,000) (Northern Ireland Pooled Household Survey (NIPHS) tables, published 2017)  Broader social care workforce - Approx. 5% of the workforce</p>

	belong to an ethnic minority
Sexual Orientation	<p><b>Social Care Council workforce – less than 5% of the workforce:</b>  <b>Opposite sex = 18.87%</b>  <b>Not assigned = 81.1%</b></p> <p><u>NI Population:</u> There is a variation in estimates of the size of the LGB&amp;T population in Northern Ireland. Estimates are as high as 5-7% (65 – 90,000) of the adult population in Northern Ireland (based on the UK Government estimate of between 5-7% LGB&amp;T people in the population for the purposes of costing the Civil Partnership Act).</p> <p>Broader social care workforce – workforce data is not collected</p>

### 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.**

<b>Category</b>	<b>Needs and Experiences</b>
Gender	There is no data to suggest that the needs and experiences of service users differ on the basis of gender.
Age	There are no identified different needs or experiences
Religion	There are no identified different needs or experiences
Political Opinion	There are no identified different needs or experiences
Marital Status	There are no identified different needs or experiences
Dependent Status	<p>Staff with caring responsibilities have highlighted the impact of working from the office and managing these responsibilities. This included putting in place appropriate child care, and being able to collect children from school or look after a parent, taking them to medical and other appointments, and the need therefore for flexibility and agility in the approach.</p> <p>The Agile Working Pilot also allows manager flexibility to support short term needs for staff who may require operating arrangements outside of the pilot for a specified period of time.</p>
Disability	Staff with a disability will be supported to carry out their work in a way that is safe and delivers the business. Each case will be

	<p>managed in its own right to this end.</p> <p>It is recognised that some registrants may require some face to face support due to a disability in renewing and/or registering. While registrants are required to carry out these functions on line exceptions (by prior arrangement) will be facilitated.</p> <p>Staff with certain sensory or learning disabilities may require communication support or materials provided in an alternative format.</p>
Ethnicity	It is recognised that some registrants may require some face to face support where English is not their first language. While registrants are required to carry out these functions on line exceptions (by prior arrangement) will be facilitated.
Sexual Orientation	There are no identified different needs or experiences

## 2.4 Multiple Identities

**Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.**

There are no issues identified for multiple identities.

## 2.5 Making Changes

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

<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>The Agile working pilot provides for additional flexibility for those who require it for a specified period of time.</p> <p>Arrangements will be made for face to face engagement with registrants on an exceptional basis if they are unable</p>	<p>The other policies (special leave, etc. will be actively promoted to all.</p> <p>Staff will be advised about how to provide support in this way and under which circumstances.</p>

<p>to do this online.</p> <p><u>Disability:</u></p> <p>In August 2020 it was recognised that some staff needed an alternative work space to support their mental health wellbeing and the office was therefore made available from that time for that reason.</p> <p>Issues relating to accessible information for people with disabilities are considered in our Accessible Formats Policy</p> <p><u>Dependant Status</u></p> <p>Staff have been reminded to avail of the full range of policies that support carers – in addition staff were provided with time to plan for agile working with the activation of the Business Transition Plan.</p> <p><u>Ethnicity:</u></p> <p>Issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy</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	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	
Minor impact	✓
No further impact	

**Please tick:**

Yes	
No	✓

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.

**(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>

There are no opportunities identified	
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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?**

<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>
The agility, flexibility and various modes of working can be adopted to suit the needs of a broad range of people.	

**(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.**

None identified
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**(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 encourage all staff to update their S75 data on HRPTS		

Approved Lead Officer: Sandra Stranaghan  
 Position: Head of Business Services  
 Date: May 2022  
 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](mailto:Equality.Unit@hscni.net)**

**Any request for the document in another format or language will be considered. Please contact:**

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