

Equality and Human Rights Screening Template

The BSO 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](#).

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

BSO ITS Staff Reintegration

1.2 Description of policy or decision

- To balance employee safety, wellbeing, engagement and productivity as we transition from working from home to the workplace.
- To devise a phased approach that supports staff in their return to the workplace.

The programme will implement guidance issued by Human Resources and Corporate Services regarding return to the workplace.

The constraint is social distancing; the project must facilitate social distancing in the workplace to ensure employee safety.

1.3 Main stakeholders affected (internal and external)

BSO ITS staff and visitors

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

- Corporate Services Staff Reintegration, Health and Safety
- Human Resources Working from home, Absence Management

(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.

- HRPTS data
- NISRA data
- Engagement with Tapestry members re: COVID-19 and working life
- Minutes from Tapestry meeting (30 September 2020)
- NI Health Survey
- CarersNI State of Caring 2019 Annual survey
- <https://www.cipd.co.uk/knowledge/fundamentals/relations/diversity/covid-19-guide-to-support-ethnic-minority-employees>
- Northern Ireland Life and Times, 2018
- Northern Ireland Pooled Household Survey (NIPHS) tables, published 2017
- Domestic abuse calls to PSNI during coronavirus lockdown in NI. Available at <https://www.belfasttelegraph.co.uk/news/health/coronavirus/more-than-3700-domestic-abuse-calls-to-psni-during-coronavirus-lockdown-in-ni-39202985.html>
- University College London (UCL) and Sussex University (2020) The mental health and experiences of discrimination of LGBTQ+ people during the COVID-19 pandemic: Initial findings from the Quarantine Study. Summary available at: <https://www.theguardian.com/society/2020/aug/05/lockdown-having-pernicious-impact-on-lgbt-communitys-mental-health>
- Covid in Scotland: 'My brother stopped eating after home care cuts' - <https://www.bbc.co.uk/news/uk-scotland-54423691>
- Scottish Human Rights Commission COVID-19, Social Care and Human Rights:

Impact Monitoring Report. Available at
<https://www.scottishhumanrights.com/media/2102/covid-19-social-care-monitoring-report-vfinal.pdf>

- People with Disabilities. Coronavirus Disease 2019 (COVID-19) Centers for Disease Control and Prevention. Available at
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>

2.2 Quantitative Data

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

Category	<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	Male	44.45%	
	Female	55.55%	
Age	0-15	0.00%	
	16-24	3.51%	
	25-29	8.27%	
	30-34	12.82%	
	35-39	13.30%	
	40-44	14.89%	
	45-49	13.58%	
	50-54	14.47%	
	55-59	13.09%	
	60-64	4.89%	
	>=65	1.17%	
Religion	Perceived Protestant		2.34%
	Protestant		30.46%
	Perceived Roman Catholic		2.76%
	Roman Catholic		42.59%
	Neither		5.72%
	Perceived Neither		0.00%
	Not assigned		16.13%

	<p>Given the high level of missing staff data, the following figures from the last census have been used also:</p> <ul style="list-style-type: none"> • 45.14% of the population were either Catholic or brought up as Catholic. • 48.36% stated that they were Protestant or brought up as Protestant. • 0.92% of the population belonged to or had been brought up in other religions and Philosophies. <p>5.59% neither belonged to, nor had been brought up in a religion. (Census 2011)</p>		
Political Opinion	Broadly Nationalist		2.89%
	Other		3.79%
	Broadly Unionist		3.65%
	Not assigned		84.91%
	Do not wish to answer		4.76%
	<p>Population level data suggest that: 26% see themselves as Unionist; 21% see themselves as Nationalist; 50% see themselves as Neither 50%; 1% see themselves as Other; and 2% Don't know. (Northern Ireland Life and Times, 2018)</p>		
Marital Status	Divorced	2.69%	
	Mar/CP	45.62%	
	Other	0.76%	
	Seprat	0.83%	
	Single	17.30%	
	Unknwn	31.70%	
	Widw/R	0.90%	
	Not assigned	0.21%	
Dependent Status	Yes	10.54%	
	Not assigned	82.43%	
	No	7.03%	
	<p>Almost 11% of BSO staff indicated they had dependents, in line with figures suggested by other research sources.</p> <p>In terms of age groups, the biggest group the majority of employees are aged 40 years and over. People within this age group are over-represented in the numbers of 'sandwich carers' having both younger and older dependents to care for.</p>		

	<p>Carers NI suggests that 1 in 8 people in NI are providing unpaid care. There is also a gender disparity - 64% of carers are women; 36% are men.</p> <p>Census data show that 11.81% of the usually resident population provide unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill – health/disabilities or problems related to old age.</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>Information from the Health Survey NI (2016/17), found that less than half of carers received help from other family members to care for their dependent.</p> <p>In the last Census, 33.86% of households contained dependent children.</p>	
Disability	No	52.10%
	Not assigned	46.45%
	Yes	1.45%
	<p>The NI Health Survey found that 43% of the NI population had a longstanding illness, with 32% describing this as limiting and 11% non-limiting illness. Also, the prevalence of disability increases with age. Limiting longstanding illness increases from 17% among young adults aged 25 -34 years to 56% among those who are 75 plus years.</p> <p>Information from the most recent census found that the general Northern Ireland population reported the following disabilities or long term conditions:</p> <ul style="list-style-type: none">• Deafness or partial hearing loss – 5.14% (93, 078)• Blindness or partial sight loss – 1.7% (30, 785)• Communication Difficulty – 1.65% (29, 879)• Mobility or Dexterity Difficulty – 11.44% (207, 163)• A learning, intellectual, social or behavioural difficulty - 2.22% (40, 201)• An emotional, psychological or mental health condition - 5.83% (105, 573)• Long – term pain or discomfort – 10.10% (182, 897)• Shortness of breath or difficulty breathing – 8.72% (157, 907)• Frequent confusion or memory loss – 1.97% (35, 674)	

	<ul style="list-style-type: none"> • A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – 6.55% (118, 612) • Other condition – 5.22% (94, 527) • No Condition – 68.57% (1, 241, 709) <p>(Census 2011)</p>	
Ethnicity	Not assigned	72.71%
	White	27.08%
	Other	0.14%
	Black African	0.00%
	Indian	0.07%
	Chinese	0.00%
	Data from the pooled household surveys in NI show that approximately 2% of the population belong to a minority ethnic group	
Sexual Orientation	Do not wish to answer	1.56%
	Not assigned	85.08%
	Opposite sex	12.42%
	same sex	0.87%
	Both sexes	0.06%
	Although there are no reliable estimates for the numbers of LGB individuals in NI, it is estimated that around 1 in 10 of the population are LGB.	

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	Women who are pregnant or new mothers may experience heightened anxiety and need to be given the option to work from home. A higher proportion of women are carers and need to be considered. Women are more likely to suffer domestic abuse so

	<p>should be offered the option to return to work. Since lockdown there has been an increase in instances of reported domestic violence. This is particularly important, given that 55% of BSO employees are female. This has important implications for people when home is not a safe space - may be safer in work where they get support from colleagues and are able to access phone helplines to speak to legal services which they can't do at home.</p>
Age	<p>Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. Staff over the age of 70 may experience heightened anxiety and should be given the option to work from home. 40 – 60 year old staff may be “sandwich carers” caring for both children and elderly relatives. This is particularly important, given that 63% of BSO employees are aged over 40 years. See “Dependents” below for additional information.</p>
Religion	<p>There is no data to suggest that there are specific needs or experiences arising within this category.</p>
Political Opinion	<p>There is no data to suggest that there are specific needs or experiences arising within this category.</p>
Marital Status	<p>Single parents should be considered. Employees of different marital status who have children (e.g. single parents) may find working from home difficult due pressures associated with childcare and lack of partner support. Also employees who are widowed or single (no spouse/partner at home) may be more likely to experience isolation when working from home, compared to those who are married/ co-habiting. They may prefer to return to the office as a consequence.</p>
Dependent Status	<p>Carers looking after someone who may go back into shielding should be considered, as they may want to limit their contact with other people and reduce chances of COVID transmission. If this group is to be facilitated to return to work, measures to prevent the spread of COVID are particularly important.</p> <p>Recent cuts to day care services, care plans and respite care have impacted particularly hard on those caring for people with disabilities, impacting on both physical and mental wellbeing of carers.</p> <p>The closure of schools and childcare facilities have also had a large impact on working parents, and additional stress when trying to balance work and childcare.</p> <p>As mentioned above, “sandwich carer” will have particular needs when returning to the office. Not only will this group have the pressures associated with the withdrawal of services for those with a disability or frail elderly, but they will also be impacted by lack of childcare facilities.</p>

Disability	<p>Some people with disabilities can be at a higher risk of infection or severe illness because of their underlying medical conditions, such as those with underlying chronic medical conditions like chronic lung disease, a serious heart condition, or a weakened immune system. Adults with disabilities are three times more likely than adults without disabilities to have heart disease, stroke, diabetes, or cancer than adults without disabilities. This group of individuals will have specific needs in relation to limiting the spread of COVID within the workplace, if they are return safely.</p> <p>Sight impaired staff will require an alternative to standard signage.</p> <p>Deaf staff who depend on lip reading and/or facial expression need to be considered when deploying face coverings. This was raised in a recent Tapestry meeting, where staff who rely upon lip reading were unable to communicate with colleagues, reducing productivity and increasing feelings of isolation and loneliness.</p> <p>Staff with hidden disabilities i.e. mental health conditions, autism may be impacted by changes to working patterns and/or desk or office environment.</p>
Ethnicity	<p>Research in the UK suggests that those from BAME communities are more likely to contract COVID, and more likely to experience serious adverse effects from the virus. BAME staff may experience heightened anxiety and should be given the option to work from home.</p>
Sexual Orientation	<p>Impact of work from home on emotional health needs to be considered for a percentage of staff. There is data to suggest that LGB (particularly young LGB adults who have not yet left home) have been forced back 'into the closet', impacting on their emotional and mental wellbeing. Working in the office may provide a respite.</p>

2.4 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>Gender: Women who are pregnant or new mothers will be given the option to work from home.</p> <p>Staff with childcare responsibilities will be considered, flexible arrangements introduced such as longer opening hours and the option to work from home.</p> <p>A Corporate Risk Assessment has been completed. Health and Safety measures have been taken to enable and enforce social distancing in the workplace.</p> <p>Flexible staff rotas have been drafted and communicated to staff to ensure they are supported in their return to the workplace. This will allow any employees who want/need to return to the workplace urgently to do so.</p> <p>Age: Older staff will be given the option to work from home.</p> <p>Staff with childcare and elderly caring responsibilities will be considered (see below).</p> <p>A Corporate Risk Assessment has been completed. Health and Safety measures have been taken to enable and enforce social distancing in the workplace.</p> <p>Flexible staff rotas have been drafted to ensure staff are supported in their</p>	<p>All methods deployed to ensure the wellbeing and safety of employees will be reviewed regularly. Employees will be made aware that they can change their working arrangements.</p>

<p>return to the workplace.</p> <p>Marital status: A Corporate Risk Assessment has been completed. Health and Safety measures have been taken to enable and enforce social distancing in the workplace. Flexible staff rotas have been drafted to ensure staff are supported in their return to the workplace. In order to combat isolation, line managers are encouraged to have regular contact and online meetings with all staff in their teams.</p> <p>Dependent status: Staff with childcare and elderly caring responsibilities will be considered, and flexibility offered in terms of working from home, or extending the hours workplaces are open.</p> <p>A Corporate Risk Assessment has been completed. Health and Safety measures have been taken to enable and enforce social distancing in the workplace. Flexible staff rotas have been drafted to ensure staff are supported in their return to the workplace, so that staff with caring responsibilities can fit a return to the office around their caring responsibilities.</p> <p>Disability: BSO ITS will work with Corporate Services and landlords to provide braille signage for those with sight problems. BSO ITS will work with HR to consider the use of face coverings, including clear face coverings for the benefits of those who are deaf, and depend on lip reading. A Corporate Risk Assessment has</p>	
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<p>been completed. Health and Safety measures have been taken to enable and enforce social distancing in the workplace.</p> <p>Flexible staff rotas have been drafted to ensure staff are supported in their return to the workplace.</p> <p>Ethnicity: BAME staff will be offered the option to work from home.</p> <p>A Corporate Risk Assessment has been completed. Health and Safety measures have been taken to enable and enforce social distancing in the workplace.</p> <p>Flexible staff rotas have been drafted to ensure staff are supported in their return to the workplace.</p> <p>Sexual orientation: A Corporate Risk Assessment has been completed. Health and Safety measures have been taken to enable and enforce social distancing in the workplace.</p> <p>Flexible staff rotas have been drafted to ensure staff are supported in their return to the workplace. This will allow any employees who want/need to return to the workplace urgently to do so.</p>	
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2.5 Good Relations

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

Group	Impact	Suggestions
Religion	N/A	
Political Opinion	N/A	
Ethnicity	N/A	

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity

**How would you categorise the impacts of this decision or policy?
(refer to guidance notes for guidance on impact)**

Please tick:

Major impact	
Minor impact	X
No further impact	

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

Please tick:

Yes	
No	X

Please give reasons for your decisions.

BSO ITS are mitigating the impact to all staff earlier in the screening process.

(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>
	BSO ITS will consult with members of Tapestry in order to see how the return to the office is impacting on those with disabilities, and get input into any changes needed to be implemented. Any research or data collected through Tapestry will be reviewed.

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>
BSO ITS will increase awareness of people with disability through the deployment of braille signage.	

(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.

(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
BSO ITS will review how the programme is working within the directorate. We will consider impact on different groups of employees.		The staff survey; annual return to work results will be reviewed.

Approved Lead Officer: Laura McBlain

Position: Senior Project Manager

Contact Details E: Laura.Mcblain@hscni.net M: 07879 487854

Date: 02 October 2020

Policy/Decision Screened by: Maggie McNally

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 the Equality Unit:

Equality Unit|BSO|James House|2-4 Cromac Avenue|Belfast|BT7 2JA

Tel: 028 9536 3961