

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

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

BSO Business Plan 2020-21.

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**

The Business Services Organisation (BSO) was established in April 2009 to provide a wide range of business and specialist professional services to the wider Health and Social Care (HSC) environment. Our re-stated mission is “*to provide high quality business services which support our customers to improve health and well-being*”.

The BSO Corporate Plan 2018-21 sets out the strategic context in which the organisation operates, along with Mission, Values and Strategic Objectives/Aims and Outcomes for this three year period. The supporting Annual Business Plan outlines Key Priorities, Actions and Targets for the year ahead. The corporate BSO Business Plan 2020-21 represents Year Three of the BSO Corporate Plan 2018-21.

- **how will this be achieved? (key elements)**

To date, it has been the practice for the DoH to utilise the BSO Business Plans as a basis for accountability reviews and checks progress periodically throughout the year. The BSO also uses the Plan internally to guide action and update performance management metrics and risk registers. These Plans are also useful to customers to show the strategic direction of BSO. Strategic and business plans are driven beyond the BSO corporate planning process into the operational layers of the organisation. Each business area within the BSO has its own local business plan which reflects the Strategic Objectives and feeds into the corporate Business Plan. These local business plans form the basis of work for Directors, Assistant Directors, Managers and Staff across the organisation and of individual and team performance appraisals.

The BSO Strategic Objectives/Aims for 2018-21 will be to:

- Deliver High Quality, Valued Services;

- Develop our Services in Partnership with Our Customers;
- Demonstrate Continuous Improvement in Pursuit of Excellence;
- Help Our People Excel At What We Do.

The context in which the 2020-21 Business Plan is written relates to:

- ‘*New Decade, New Approach*’ agreement (UK & Irish Governments, Jan, 2020)
- Continuing to support the NI Programme for Government, the Public Health Agenda and Transformation of Health and Social Care;
- Expansion of Shared Services;
- Technology as underpinning and supporting transformation processes;
- Engaging, empowering and enriching the work-life experience of BSO staff.
- Highlights of key BSO achievements from 2018 to 2020.

- **what are the key constraints? (for example financial, legislative or other)**

The Corporate Strategy 2018-21 for BSO takes account of DoH priorities, especially the ‘*Making Life Better*’ public health framework, the draft ‘*Programme for Government 2016-21*’ framework and the vision set out in ‘*Health and Wellbeing 2026: Delivering Together*’. These DoH priorities, set within the context of on-going financial constraints and HSC reform and restructuring, have contributed to a strong focus on transformation and a ‘one-system’ ethos within HSC. The rationale for this is aligned with the NI Programme for Government and Public Health Agenda and the current challenging economic environment.

Following the UK’s vote in June 2016 to leave the EU it has become evident that a number of important Brexit-related issues will impact on the HSC and require resolution. BSO will play its part along with the DoH and other stakeholders in planning to ensure that HSC services continue to operate effectively following EU Exit.

Founding legislation of BSO, Programme for Government, Ministerial and Management Statement and Financial Memorandum (MSFM) requirements and the current challenging economic environment.

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

Main stakeholders are BSO staff, current and potential organisational customers of BSO, consumers of BSO services, DoH (in particular Sponsor Branch).

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

- **what are they?**

Draft NI Programme for Government 2016-21

“Transforming Your Care”, a review of Health and Social Care in NI (DoH, 2011)

‘Quality 2020’, a 10-year strategy to Protect and Improve Quality in Health and Social Care in NI (DoH, 2011)

‘Making Life Better’: a whole system strategic framework for public health 2013-2023 (DoH, 2016)

Health and Wellbeing 2026: ‘Delivering Together’ (DoH, 2016)

BSO Service Offerings and Service Level Agreements

‘Rebuilding HSC Services Strategic Framework’ (DoH, May 2020)

- **who owns them?**

NI Assembly

DoH

BSO

Health and Social Care Board

Public Health Agency

HSC Trusts

Other HSC customer organisations

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

2.1 Data gathering

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

Census 2011

Equality Commission NI, 2006

<http://www.carersuk.org/northernireland/news-ni/facts-and-figures>

McBride, R.S. (2011): Healthcare Issues for Transgender People Living in Northern Ireland. Belfast

http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm - Health Survey NI 2012-13

Electoral Office NI, 2011

Northern Ireland Statistics and Research Agency (NISRA) 2007

Workforce Data (HRPTS)

BSO Customer Satisfaction Surveys 2017-19.

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	Staff Profile

Male	43.75%
Female	56.18%

Population Profile

The population of Northern Ireland on Census Day 2011 was 1,810,900

Males 887,300 (49%)

Females 923,500 (51%)

- There is a higher level of disability among adult females (23%) compared to adult males (19%). Girls (4%) are less likely to be disabled than boys (8%).
- 8/100000 (n=115) transgender people in NI. (Reed et al, 2009):
- 140-160 individuals are affiliated with transgender groups
- 120 individuals have presented with Gender Identity Disphoria
- there are more trans women than trans men living in Northern Ireland.

McBride, R.S. (2011): Healthcare Issues for Transgender People Living in Northern Ireland. Belfast

Age

Staff Profile

16-24	2.90%
25-29	8.01%
30-34	13.04%
35-39	13.66%
40-44	14.63%
45-49	14.49%
50-54	14.84%
55-59	12.08%
60-64	5.04%
>=65	1.24%

Population Profile

The population demographic by age within Northern Ireland

(Census Data, 2011)

Children (under 16)	379,300	21%
Working age (16-64)	1,043,600	65%
65-84	233,997	13%
85+	31,765	1.7%

The number of older people over 65 has increased by 16% since 1999 and will show a similar increase from the current figures of 255,000 by 2015. This will include a rise of 29% in the number of people over 85 years.

Religion

Staff Profile

Perceived Protestant	2.07%
Protestant	24.91%
Perceived Roman Catholic	2.55%
Roman Catholic	32.85%
Neither	1.31%
Perceived Neither	0.07%
Not assigned	36.23%

Population Profile

41.6% of population from a Catholic background
40.8% of population from Protestant and other Christian
background
17.6% of population from other religions, no religion or religion not
stated
(2011 Census data)

Political Opinion	<p>Staff Profile</p> <table border="1"> <tr> <td>Broadly Nationalist</td><td>1.59%</td></tr> <tr> <td>Other</td><td>2.07%</td></tr> <tr> <td>Broadly Unionist</td><td>2.00%</td></tr> <tr> <td>Not assigned</td><td>91.79%</td></tr> <tr> <td>Do not wish to answer</td><td>2.55%</td></tr> </table> <p>Population Profile</p> <p>NI Population:</p> <ul style="list-style-type: none"> • British only – 39.89% (722, 353) • Irish only – 25.26% (457, 424) • Northern Irish only – 20.94% (379, 195) • British and Northern Irish only – 6.17% (111, 730) • Irish and Northern Irish only – 1.06% (19, 195) • British, Irish and Northern Irish – 1.02% (1847) • British and Irish only – 0.66% (11, 952) • Other – 5.00% (90, 543) <p>(Electoral Office NI, 2011)</p>	Broadly Nationalist	1.59%	Other	2.07%	Broadly Unionist	2.00%	Not assigned	91.79%	Do not wish to answer	2.55%														
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Marital Status	<p>Staff Profile</p> <table border="1"> <tr> <td>Divorced</td><td>2.48%</td></tr> <tr> <td>Mar/CP</td><td>46.93%</td></tr> <tr> <td>Other</td><td>0.83%</td></tr> <tr> <td>Separt</td><td>1.04%</td></tr> <tr> <td>Single</td><td>18.01%</td></tr> <tr> <td>Unknwn</td><td>29.68%</td></tr> <tr> <td>Widw/R</td><td>0.83%</td></tr> <tr> <td>Not assigned</td><td>0.21%</td></tr> </table> <p>Population Profile</p> <table border="1"> <tr> <td>Married</td><td>47.56%</td></tr> <tr> <td>Single never married</td><td>36.14%</td></tr> <tr> <td>Separated</td><td>3.98%</td></tr> <tr> <td>Divorced</td><td>5.45%</td></tr> </table>	Divorced	2.48%	Mar/CP	46.93%	Other	0.83%	Separt	1.04%	Single	18.01%	Unknwn	29.68%	Widw/R	0.83%	Not assigned	0.21%	Married	47.56%	Single never married	36.14%	Separated	3.98%	Divorced	5.45%
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	Same Sex Civil Partnership	0.09%
	Widowed or Surviving partner from SSCP	6.78%
	(2011 Census)	
Dependent Status	Staff Profile	
	Yes	6.90%
	Not assigned	89.51%
	No	3.59%
	Population Profile	
	In Northern Ireland there are approximately 92,000 lone parents with 150,000 children. 25% of all children are from one parent families, nearly half separated or divorced.	
	Based on information from Carers Northern Ireland, the following facts relate to carers:	
	<ul style="list-style-type: none"> • 1 in every 8 adults is a carer • There are approximately 214,000 carers in Northern Ireland • Any one person has a 6.6% chance of becoming a carer in any year • One quarter of all carers (26%) provide over 50 hours of care per week • People providing high levels of care are twice as likely to be permanently sick or disabled than the average person • Approximately 30,000 people in Northern Ireland care for more than one person • 64% of carers are women; 36% are men 	
	(http://www.carersuk.org/northernireland/news-ni/facts-and-figures)	
	Almost a quarter of those in the 45-54 age-group (23%) had caring responsibilities compared with 7% of those aged 16-24.	
	Three-quarters of those aged 75 and over (74%) cared for someone for more than 20 hours per week compared with a quarter of those aged 16-24 (24%).	
	http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm - Health Survey NI 2012-13(MS Word 1.1MB)	

Disability

Staff Profile

No	49.90%
Not assigned	49.21%
Yes	0.90%

Population Profile

The term disability covers such a wide range and combination of conditions that no standard method or single source of information is available. It is however estimated that between 17 – 21% of our population have a disability, affecting 37% of households.

21% adults and 6% children have a disability.

37% of households include at least one person with a disability and 20% of these contain more than one person. The multiple needs are explained by the fact that there is a higher prevalence of disability among adult females (23% compared with 19% adult males).

203 000 people have a disability which limits their day-to-day activities a lot, and 156 000 people have a disability which somewhat limits their day-to-day activities. '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 at least 12 months (2011 Census Data).

Prevalence of disability increases with age from 5% among young adults to 67% among those who are 85 plus years.

(Northern Ireland Statistics and Research Agency (NISRA) 2007)

Type of long – term condition	Percentage of population with condition %
Deafness or partial hearing loss	5.14%
Blindness or partial sight loss	1.7%
Communication Difficulty	1.65%

	Mobility of Dexterity Difficulty	11.44%
	A learning, intellectual, social or behavioural difficulty.	2.22%
	An emotional, psychological or mental health condition	5.83%
	Long – term pain or discomfort.	10.10%
	Shortness of breath or difficulty breathing	8.72%
	Frequent confusion or memory loss	1.97%
	A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy.	6.55%
	Other condition	5.22%
	No Condition	68.57%

(Census 2011)

In Northern Ireland people experience the lowest disability free life expectancy (Age NI, 2010).

In Northern Ireland there are approximately 16,500 persons with a learning disability. An indication of the extent of the disability is reflected in the sub-groupings that are traditionally used; mild, moderate, severe and profound learning disabilities

(Equality Commission NI, 2006).

Ethnicity	Staff Profile	
	Not assigned	79.57%
	White	20.36%
	Indian	0.07%
	Population Profile	

- Traveller population in N Ireland is estimated at 1301

- Non-White ethnic groups (Asian, Black, Mixed, Other) estimated at: 31113.
- The number of births to mothers outside the UK and Ireland have increased over the past decade with 2347 births in 2008 compared with 661 in 2001 (9% of all registered births)
(2011 Census data)

NI Population:

1.8% 32,596 of the usual resident population belonged to minority ethnic groups,

White – 98.21% (1, 778, 449)

Chinese – 0.35% (6, 338)

Irish Traveller – 0.07% (1, 268)

Indian – 0.34% (6, 157)

Pakistani – 0.06% (1, 087)

Bangladeshi – 0.03% (543)

Other Asian – 0.28% (5, 070)

Black Caribbean – 0.02% (362)

Black African – 0.13% (2354)

Black Other – 0.05% (905)

Mixed – 0.33% (5976)

Other – 0.13% (2354)

Language (Spoken by those aged 3 and over);

English – 96.86% (1, 681, 210)

Polish – 1.02%(17, 704)

Lithuanian – 0.36% (6, 249)

Irish (Gaelic) – 0.24% (4, 166)

	<p>Portuguese – 0.13% (2, 256)</p> <p>Slovak – 0.13% (2, 256)</p> <p>Chinese – 0.13% (2, 256)</p> <p>Tagalog/Filipino – 0.11% (1, 909)</p> <p>Latvian – 0.07% (1, 215)</p> <p>Russian – 0.07% (1, 215)</p> <p>Hungarian – 0.06% (1, 041)</p> <p>Other – 0.75% (13, 018)</p>										
Sexual Orientation	<p>Staff Profile</p> <table border="1"> <tr> <td>Do not wish to answer</td><td>0.83%</td></tr> <tr> <td>Not assigned</td><td>90.75%</td></tr> <tr> <td>Opposite sex</td><td>7.80%</td></tr> <tr> <td>same sex</td><td>0.55%</td></tr> <tr> <td>Both sexes</td><td>0.07%</td></tr> </table> <p>Population Profile</p> <p>Between 2006 and 2012, there were 715 recorded Civil Partnerships regionally. However, this is not indicative of the LGB population. There are no accurate statistics on sexual orientation in the community as a whole, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual.</p>	Do not wish to answer	0.83%	Not assigned	90.75%	Opposite sex	7.80%	same sex	0.55%	Both sexes	0.07%
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Both sexes	0.07%										

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	<i>Needs and Experiences</i>
Gender	There may be a need to ensure equal access for part-time BSO workers (the majority of whom tend to be female) with regard to any training/engagement workshops which may be delivered.
Age	There is no evidence of a differential impact on the grounds of age.
Religion	There is no evidence of a differential impact on the grounds of religion.
Political Opinion	There is no evidence of a differential impact on the grounds of political opinion.
Marital Status	There is no evidence of a differential impact on the grounds of marital status.
Dependent Status	There may be a need to ensure equal access for part-time BSO workers (the majority of whom tend to be female) with regard to any training/engagement workshops which may be delivered
Disability	Consideration will be to given requests for making the Plan available in alternative formats.
Ethnicity	Consideration will be to given requests for making the Plan available in alternative formats.
Sexual Orientation	There is no evidence of a differential impact on the grounds of sexual orientation.

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>
Any requests for the Business Plan in alternative formats will be considered. We will ensure equal access to training opportunities, as far as possible, for part-time employees.	As an integral part of the annual business planning process, each area of service within BSO formulates its own local plan to deliver services in the financial year ahead. A range of actions to be delivered as part of the overarching Business Plan will be Equality Screened and where appropriate, Equality Impact Assessed.

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)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion		
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

Please give reasons for your decisions.

The BSO Corporate Plan 2018-21 sets out the strategic context in which the organisation operates, along with Mission, Values and Strategic Objectives for this three year period. The supporting Annual Business Plan outlines Key Priorities, Actions and Targets for the year ahead. The corporate BSO Business Plan 2020-21 represents Year Three of the BSO Corporate Plan 2018-21.

As an integral part of the annual business planning process, each area of service within BSO formulates its own local plan to deliver services in the financial year ahead. A range of actions to be delivered as part of the overarching Business Plan will be Equality Screened and where appropriate, Equality Impact Assessed.

(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>
Not Applicable.	Each work area will be encouraged as part of the screening process to engage with relevant disability groups, or our Staff Disability Network, Tapestry.

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>
Not Applicable.	

(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
Not Applicable.			

** 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.

Not Applicable.

(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
Request S75 data from BSO HR/Equality as required.		

Approved Lead Officer: Jane Keenan

Position: Customer Care & Performance Officer

Date: 03 September 2020

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 the Equality Unit:

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