

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

Accessible Formats Policy

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 policy seeks to ensure that the Business Services Organisation's (BSO) approach to the provision of information either in written or alternative format is accessible, clear, balanced, fair, transparent and accurate.

It spells out criteria for making documentation available in accessible formats. Within the priority areas as identified in the policy, where it is more effective, cost efficient or timely to do so it commits to ensuring that a reasonable alternative is provided.

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

Those most affected are service users and carers and Members of the public
BSO staff
Staff in Third Party Organisations who provide services on behalf of BSO

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

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

BSO Equality Scheme

(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; BSO staff equality data as of Dec 2019

Research Reports

a range of previous consultations, screenings and equality impact assessments
Health and Social Care Good Practice Review 5 C's of Information Provision
2006

Emerging Themes document in preparation for audit of inequalities (See review entitled "*Emerging Themes Across Health and Social Care (2010)*" available at www.hscbusiness.hscni.net under equality services).

Personal Public Involvement Workshops Public Health Agency and Health and Social Care Board

Engagement outcomes from work on Disability Action Plans

Report of Accessible Working Group Involving You in Information for All " 12th October 2010

Complaints

Reports from various disability organisations RNIB, Action on Hearing Loss, Disability Action, Mencap, Carers organisations, older persons' organisations, children and young people's organisations

Formal Investigation "Accessibility of Health and Social Care in NI for People with a Learning Disability". (2006) Equality Commission

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

Gender Identity Research and Education Society (GIREs)

http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm -

Health Survey NI 2012-13

Northern Ireland Life and Times Survey

Northern Ireland Statistics and Research Agency (NISRA) 2007

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	<p>Staff Profile</p> <table border="1" data-bbox="322 654 861 763"> <tr> <td>Male</td><td>43.94%</td></tr> <tr> <td>Female</td><td>55.99%</td></tr> </table> <p>Population Profile The population of Northern Ireland on Census Day 2011 was 1,810,900</p> <p>Males 887,300 (49%) Females 923,500 (51%)</p> <p>The Gender Identity Research and Education Society (GIREs) estimate the number of gender nonconforming employees and service users, based on the information that GIREs assembled for the Home Office (2011) and subsequently updated (2014):</p> <ul style="list-style-type: none"> • gender variant to some degree 1% • have sought some medical care 0.025% • having already undergone transition 0.015% <p>Applying GIREs figures to NI population (using NISRA mid-year population estimates for June 2018) N=1,881,600 would mean:</p> <ul style="list-style-type: none"> • 18,816 people who do not identify with gender assigned to them at birth • 470 likely to have sought medical care • 282 likely to have undergone transition. 	Male	43.94%	Female	55.99%
Male	43.94%				
Female	55.99%				

Age	Staff Profile	
	16-24	3.54%
	25-29	8.31%
	30-34	12.74%
	35-39	13.56%
	40-44	14.71%
	45-49	13.69%
	50-54	14.71%
	55-59	12.40%
	60-64	4.94%
	>=65	1.29%
	Population Profile	
	The population demographic by age within Northern Ireland (Census Data, 2011)	
Religion	Children (under 16)	379,300 21%
	Working age (16-64)	1,043,600 65%
	65-84	233,997 13%
	85+	31,765 1.7%
	0 – 15 – 20.95% (379, 378)	
	16 – 19 – 5.61% (101, 589)	
	20 – 24 – 6.96% (126, 036)	
	25 – 29 – 6.85% (124, 044)	
	30 – 44 – 20.65% (373, 943)	
	45 – 59 – 19.21% 347, 867)	
	60 – 64 – 5.21% (94, 346)	
	65 – 74 – 8.04% (145, 593)	
	75 – 84 – 4.79% (86, 740)	
	85 – 89 – 1.17% (21, 187)	
	90 and over - 0.56% (10, 141)	
Religion	Staff Profile	
	Perceived Protestant	2.32%
	Protestant	25.48%

	Perceived Roman Catholic	2.38%
	Roman Catholic	34.33%
	Neither	1.98%
	Perceived Neither	0.07%
	Not assigned	34.33%
	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	Staff Profile	
	Broadly Nationalist	3.27%
	Other	3.95%
	Broadly Unionist	3.68%
	Not assigned	84.13%
	Do not wish to answer	4.97%
Population Profile		
“Generally speaking, do you consider yourself as a unionist, a nationalist or neither?” (Northern Ireland Life and Times, 2018)		
Unionist 26%; Nationalist 21%; Neither 50%; Other 1%; Don’t know 2%.		
Marital Status	Staff Profile	
	Divorced	2.45%
	Mar/CP	45.84%
	Other	0.82%
	Seprat	0.95%
	Single	17.37%
	Unknwn	31.54%
	Widw/R	0.82%
	Not assigned	0.20%
	Population Profile	

	<p>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> <p>(Census 2011)</p>						
Dependent Status	<p>Staff Profile</p> <table border="1"> <tr> <td>Dependants</td><td>10.90%</td></tr> <tr> <td>Not assigned</td><td>81.61%</td></tr> <tr> <td>No Dependants</td><td>7.49%</td></tr> </table> <p>Population Profile</p> <p>CarersNI</p> <ul style="list-style-type: none"> • 1 in every 8 adults is a carer • 2% of 0-17 year olds are carers, based on the 2011 Census • There are approximately 220,000 carers in Northern Ireland (• People providing high levels of care are twice as likely to be permanently sick or disabled than the average person • 64% of carers are women; 36% are men. 	Dependants	10.90%	Not assigned	81.61%	No Dependants	7.49%
Dependants	10.90%						
Not assigned	81.61%						
No Dependants	7.49%						
Disability	<p>Staff Profile</p> <table border="1"> <tr> <td>No</td><td>53.81%</td></tr> <tr> <td>Not assigned</td><td>44.75%</td></tr> <tr> <td>Yes</td><td>1.43%</td></tr> </table> <p>Population Profile</p> <p>According to the Census 2011 20.69% (374, 668) regard themselves as having a disability or long-term health problem, which has an impact on their day to day activities.</p> <p>In relation to written formats it is useful to consider some of the numbers affected by particular disabilities. Again the Census 2011 revealed the following.</p>	No	53.81%	Not assigned	44.75%	Yes	1.43%
No	53.81%						
Not assigned	44.75%						
Yes	1.43%						

	<p>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 of Dexterity Difficulty – 11.44% (207, 163) Learning, intellectual, social or behavioural difficulty – 2.22% (40, 201)</p>								
Ethnicity	<p>Staff Profile</p> <table border="1"> <tr> <td>Not assigned</td><td>71.59%</td></tr> <tr> <td>White</td><td>28.13%</td></tr> <tr> <td>Other</td><td>0.21%</td></tr> <tr> <td>Indian</td><td>0.07%</td></tr> </table> <p>Population Profile</p> <p>The Census 2011 revealed 1.8% 32,596 of the usual resident population belonged to minority ethnic groups,</p> <p>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)</p> <p>In terms of accessibility of information it is also important to consider language. Figures from the NI HSC Regional Interpreting Service for 2018-19 show the Top 20 Languages Requested:</p> <ol style="list-style-type: none"> 1. Polish 30948 2. Arabic 16690 3. Lithuanian 16512 4. Romanian 12789 5. Portuguese 8361 6. Bulgarian 7557 	Not assigned	71.59%	White	28.13%	Other	0.21%	Indian	0.07%
Not assigned	71.59%								
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	7. Tetum 6604 8. Slovak 6152 9. Chinese - Mandarin 5120 10. Chinese - Cantonese 3388 11. Hungarian 3222 12. Russian 2632 13. Latvian 2100 14. Somali 1861 15. Czech 965 16. Spanish 839 17. Farsi 731 18. Bengali 612 19. Chinese - Hakka 581 20. Urdu 419										
Sexual Orientation	<p>Staff Profile</p> <table border="1"> <tr> <td>Do not wish to answer</td><td>1.63%</td></tr> <tr> <td>Not assigned</td><td>82.56%</td></tr> <tr> <td>Opposite sex</td><td>14.78%</td></tr> <tr> <td>same sex</td><td>0.95%</td></tr> <tr> <td>Both sexes</td><td>0.07%</td></tr> </table> <p>Population Profile</p> <p>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	1.63%	Not assigned	82.56%	Opposite sex	14.78%	same sex	0.95%	Both sexes	0.07%
Do not wish to answer	1.63%										
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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	Research suggests that language used can be inappropriate, negative, stereotypical or in some cases derogatory in relation to people who identify as transgender or non-binary. In addition there is often a lack of positive and diverse images used in mainstream communication and documents.
Age	Various research studies provide views on the use of the internet by older people with evidence of widespread use in the over 50s. Reliance on internet for the provision of information may however cause problems for older people who are less likely to go on line (Office of National Statistics 2011). Younger people may have greater access to the internet but there are very different needs across the children and young people's age groups. If materials are not accessible to the needs of children then this creates barriers.
Religion	No particular needs have been identified on the grounds of religion.
Political Opinion	No particular needs have been identified on the grounds of political opinion.
Marital Status	No particular needs have been identified on the grounds of marital status.
Dependent Status	For parents with a child with a disability there is a reported lack of available information for parents regarding child's disability. The needs of carers require consideration when information is being produced in relation to services for individuals cared for.
Disability	People with a learning disability experience difficulties accessing written information from health and social care. Mainstream information provision is not in a format that suits their needs. Information to be accessible needs to be in Easy Read, or Makaton with use of appropriate symbols, pictures and language.

	<p>Similarly if health and social care professionals do not adjust their communication style to meet the needs of people with a learning disability this can impact on people's access to services and increase anxiety levels.</p> <p>Inappropriate Communication Support for people with hearing impairment creates barriers.</p> <p>People who are deaf, hard of hearing or with sight loss encounter particular barriers when written information is the only format provided. Lack of availability of sign language interpreters or absence of up to date loop systems likewise creates barriers. Those who are blind or partially sighted need information that does not rely on visual images.</p> <p>Reliance on the internet for the provision of information can cause difficulties for disabled people as a high proportion of all people who do not use the internet are disabled.</p> <p>Feedback from previous consultations emphasised the importance of decreasing reliance on websites for disseminating information and recommended that HSC organisations need to consider not just the WHO do we want to read this and WHAT we are disseminating but also HOW – where are we putting our information? How can we put it in the appropriate places to ensure accessibility to disabled people? Need to make use of Disability organisations.</p> <p>There need to be other options for sending out information on appointments such as via email or SMS.</p> <p>Over 10,000 people have the language disorder called aphasia. This usually affects both the understanding and production of spoken and written language and needs to be taken into account.</p>
Ethnicity	<p>For people who do not speak English as a first language there are difficulties posed in accessing information about services and rights and entitlements to services. Cultural issues are important in the provision of information. In some instances materials written in English are not directly translated into various languages as similar words do not exist.</p> <p>Emerging Themes document in preparation for audit of inequalities identified a number of issues in relation to communication and information. (See review entitled <i>“Emerging Themes Across Health and Social Care (2010)”</i> and is available at www.hscbusiness.hscni.net under equality services).</p>

	<p>Language and Communication Barriers: Concerns about potential misdiagnosis and confidentiality - unaware of the availability of interpreting and translation services - consent issues.</p> <p>Receiving letters detailing appointments in English is problematic resulting in people missing appointments.</p> <p>Maternity Services: Lack of face to face information when attending maternity services postnatal care - language barrier patients with very limited English - culture shock - negative attitudes</p>
Sexual Orientation	<p>Often the diversity amongst people who identify as gay, lesbian, and bisexual is not acknowledged. Research suggests that language used can be negative, stereotypical or in some cases derogatory. In addition there is often a lack of positive and diverse images used in mainstream communication and documents.</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>The policy states as its ultimate purpose that is to help our organisation meet the information and communication needs of individuals as effectively as possible.</p> <p>It offers commitments that are about ensuring that our approach to the provision of accessible information is clear and accurate.</p> <p>By adopting this approach we believe the public will benefit as the policy offers the commitment as to the standards people can expect from health and social care and public safety organisations when they provide information.</p> <p>The policy makes explicit reference to the legal requirements under Section 75 of the Northern Ireland Act, Human Rights Act, Race Relations and Disability legislation. It also draws on equality scheme commitments to ensure accessibility of information.</p> <p>The policy adds an accessible statement for adoption by the organisation</p>	

Supporting materials provide detailed guidance to staff to assist in addressing the barriers.	
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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	
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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 purpose of the policy on accessible formats has been in a direct response to identified barriers to accessing both information and services. This is a positive, good practice initiative. The needs of people with multiple identities have been considered in this screening and addressed in the policy.

Review of the implementation through agreed process and through reports to SMT, Board and the Equality Commission will keep this issue live.

(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>
The policy draws particular attention to information as a right not a privilege and its contribution in empowering people to make decisions and choices that affect their lives.	Emphasis on implementation

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>
Health and social care organisations who engaged in consultation in the development of their Disability Action Plans highlighted communications and information as a barrier. This policy and associated guidance is intended as a response to this. An emphasis on good information and effective communications portrays positive messages towards disabled people.	

(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	
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	
Article 5 – Right to liberty & security of person	
Article 6 – Right to a fair & public trial within a reasonable time	
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	
Article 8 – Right to respect for private & family life, home and correspondence.	Yes
Article 9 – Right to freedom of thought, conscience & religion	
Article 10 – Right to freedom of expression	
Article 11 – Right to freedom of assembly & association	
Article 12 – Right to marry & found a family	
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	
1 st protocol Article 2 – Right of access to education	

*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*
Article 8	No - its intent is positive promotion of Human Rights where access to information and correspondence is highlighted in Article 8		

** 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.

Through implementation and monitoring arrangements

(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
On-going uptake of the policy. Range and type of accessible formats requests. Evidence of responses Range and type of documents produced in accessible formats.	Feedback from service users on the accessibility of information produced by BSO	

Approved Lead Officer: Karen Bailey

Position: Director of Customer Care and Performance

Date: 4 Mar 2020

Policy/Decision Screened by: Anne Basten

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.

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

Equality.Unit@hscni.net

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