

Equality and Human Rights Screening Template

The Northern Ireland Social Care Council (the Social Care Council) is required to address the four 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?

For advice and support on screening contact:

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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

Northern Ireland Social Care Council – Engagement Strategy

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)**

A key component of the work of the Social Care Council is building the trust and confidence of registrants, stakeholders and the public to help deliver its statutory functions, legal obligations and systems leadership role. Achieving this requires strategic and proactive external engagement. To support this and our Strategic Plan and Business Plan delivery, an Engagement Strategy (the Strategy) has been developed outlining a cohesive approach to how the Social Care Council engages with its stakeholders.

This document provides a framework for the Social Care Council to support their engagement with key stakeholders. It aims to:

- demonstrate our commitment to a set of principles to guide our engagement approach, defining what stakeholders can expect of us, what we expect of ourselves and what we expect of those who engage with us
- provide a framework explaining how we deliver our regulatory responsibilities
- outline the ways in which we engage with our registrants, employers, those who use services, carers and families, and others, to deliver our work over our next strategic planning period, and
- evaluate the success of our engagement work.

The key elements of the Strategy are:

- A values statement about our engagement journey.
- A section which outlines what engagement is like at the Social Care Council (e.g. how we got here, types of engagement, our commitment to it and the types of people we engage with).
- It lays out our engagement principles and commitments to how we will deliver on those principles.
- Describes how will put the Strategy into practice, acknowledges risk and how we will measure success.

The Strategy, once endorsed by the Social Care Council Board, will be supported by the ongoing development of an implementation plan.

Key constraints are outlined as part of section 7 of the Strategy, 'Risks and how we manage them', and include managing expectations and outcomes as the Strategy is very ambitious, ensuring people feel included as part of the Strategy delivery – this can be resources (staff availability and financial support for new and existing initiatives) and timeliness dependent, and robust evaluation will take time and resources, with other competing project and work demands across the organisation.

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

Primary stakeholders

- Registrants (social workers, social work students, social care practitioners and social care managers).
- Social work and social care employers.
- Internal: All Social Care Council staff (permanent, fixed term, part-time, agency) and Board members, and members of Board Partnerships and Committees.
- Community: Service users, carers and family members, members of the public and the media.

Other stakeholders

- Education providers (e.g. schools and Higher and Further Education Institutions).
- Academics and researchers.
- Government Departments e.g. Department of Health, Department of Communities and Department of Economy.
- Community and voluntary, justice and education sectors.
- Other HSC organisations and their staff e.g. Health and social care trusts and ALBs
- Political representatives.
- Professional bodies e.g. Advocacy groups, Unions and associations.
- Other regulators.

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

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

Northern Ireland Social Care Council Strategic Plan 2023 – 2027 – sets the strategic priorities for the Social Care Council's work.

Northern Ireland Social Care Council Business Plan 2025-26 and future annual Business Plans.

Decision by Social Care Council Board to standard down the Registrants Forum in 2022, and support for a broader engagement strategy for the organisation.

This strategy will help address two related internal audit recommendations including:

“Management should draft a specific service user and carer engagement strategy with a detailed plan to ensure user engagement is fully embedded into daily operational activity throughout the organisation. The strategy should clearly define what is meant by the term ‘service user’ and should capture all processes for planning and recording all service user and carer engagement and any resulting outcomes.”

“Management should develop an action plan to improve communications internally, including further use of the intranet. Progress should be monitored.”

(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.

Audit information or other issues raised in relation to engagement the organisation.

Preliminary consultation with Board, Partnerships and Committees, staff engagement.

Social research as part of engagement approach development including a survey out to the social care and social work workforce and focus groups.

Cognisance of approach across the HSC.

Section 75 data in relation to the public and workforce.

NI HSC Workforce Census as at March 2025 (see: <https://www.health-ni.gov.uk/publications/northern-ireland-health-and-social-care-hsc-workforce-census-march-2025>).

NISRA Census 2021 (see: <https://www.nisra.gov.uk/statistics/census/census-2021>).

NI Health Survey (DoH) 2024/25 (see: <https://www.health-ni.gov.uk/topics/health-survey-northern-ireland>).

NI Life and Times Survey (NILT) 2024 (see: <https://www.ark.ac.uk/ARK/nilt/>).

Northern Ireland Social Care Council quarterly registration data reports – September 2025 (see: <https://niscc.info/data-about-the-social-work-and-social-care-workforce/>).

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.

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>Social Care Council workforce</p> <ul style="list-style-type: none"> • Social Care Council workforce – majority are female • Female = 67%; Male = 33%. <p>Broader social work and social care workforce Social Care Council registration data for the NI in Sept 2025 reports the social work and social care workforce are majority female across both professions. The breakdown includes:</p> <ul style="list-style-type: none"> • Part 1 (qualified social workers) – Female (82%) Male (18%). • Part 2 (social care practitioners) - Female (85%) Male (15%). • Social work students - Female (83%) Male (17%). <p>NI population Most recent estimates for the population of Northern Ireland was 1,903,100. Male = 49.2%; Female = 50.8% (NISRA, 2021).</p> <p><u>Disability</u> NISRA in its 2007 report on disability – whilst it is recognised that the report is dated – indicated that:</p> <ul style="list-style-type: none"> • There is a higher prevalence of disability among adult females with 23% of females indicating that they had some degree of disability compared with 19% of adult males.

	<ul style="list-style-type: none"> • Male prevalence rates are only higher than female rates amongst the youngest adults (16 to 25): 6% of males compared with 4% of females. • 8% of boys aged 15 and under were found to have a disability, compared with 4% of girls of the same age. <p>Figures from the Census 2021 show that there is a higher prevalence of females whose activities are 'limited a lot' – 13% of females compared to 11% of males due to their disability. However, this is to be expected given their longer life expectancy.</p>
Age	<p>Social Care Council workforce</p> <ul style="list-style-type: none"> • Aged 24 and under (3.8%) • 25 – 34 years (32.1%) • 35 – 44 years (13.2%) • 45 – 54 years (26.4%) • 55 years and over (24.5%) <p>Broader social work and social care workforce</p> <p>Social Care Council registrant data for NI as at Sept 2025 show across the core groupings of registrations, the age profile is:</p> <p>Part 1 (qualified social workers) –</p> <ul style="list-style-type: none"> • Up to and including 30 years – (14%) • 31 – 40 years – (26%) • 41 – 50 years – (30%) • 51 years and over – (29%) <p>Part 2 (social care practitioners) –</p> <ul style="list-style-type: none"> • Up to and including 30 years (25%) • 31 – 40 years (21%) • 41 – 50 years (26.5%) • 51 years and over (27.5%) <p>Part 1 and 2 combined –</p> <ul style="list-style-type: none"> • Up to and including 30 years (21%) • 31 – 40 years (23%) • 41 – 50 years (28%) • 51 years and over (28%) <p>NI population</p> <p>Most recent population estimates for NI show age profile of the NI population (Census 2021 – age band/population/percentage)</p> <ul style="list-style-type: none"> • 0-14: 365,200 19.2%

	<p>(15-64: 1,211,500 63.7%)</p> <ul style="list-style-type: none"> • 15-39: 594,400 31.2% • 40-64: 617,100 32.4% <p>(65+: 326,500 17.2%)</p> <ul style="list-style-type: none"> • 65-84: 287,100 15.1% • 85+: 39,400 2.1%
Religion	<p>Social Care Council workforce:</p> <ul style="list-style-type: none"> • Catholic = 45% • Protestant = 42% • Not assigned = 13% <p>Broader social work and social care workforce NI HSC Workforce Census for this is unavailable and is not collected by the Social Care Council about registrants.</p> <p>NI population Census 2021 figures for NI indicate:</p> <p>Current Religion</p> <ul style="list-style-type: none"> • 'no religion' (17.4%) • 'religion not stated' (1.6%) • Catholic (42.3%) • Presbyterian Church in Ireland (16.6%) • Church of Ireland (11.5%) • Methodist (2.4%) • Other Christian denominations (6.9%) • Other non-Christian Religions (1.3%). <p>Religion/religion of upbringing (Number - Percentage)</p> <ul style="list-style-type: none"> • Catholic 869,800 45.7% • Protestant and other Christian (including Christian related) 827,500 43.5% • Other religions 28,500 1.5% • None 177,400 9.3%
Political opinion	<p>Social Care Council workforce</p> <ul style="list-style-type: none"> • Broadly Nationalist = 3.8% • Broadly Unionist = 7.6% • Other = 1.9% • Not assigned = 81.1%

- Do not wish to answer = 5.7%

Broader social work and social care workforce

There is no Social Care Council registrant data for this group. NI HSC Workforce Census for this is unavailable.

NI population

NI Population data as reported in 2024 as the most recent figure (NILT, 2024):

- Unionist - 30%
- Nationalist - 30%
- Neither - 35%
- Other/Don't know - 5%

Election results

The NIA Election report (2022) shows difference in first preference votes compared to the 2017 election.

Table 5.2 First Preference Votes – Comparison with 2017

Party	2017	2022	Difference	% change
Sinn Féin	224,245	250,385	26,140	11.7%
DUP	225,413	184,002	-41,411	-18.4%
Alliance Party	72,717	116,681	43,964	60.4%
UUP	103,314	96,390	-6,924	-6.7%
SDLP	95,958	78,237	-17,721	-18.5%
TUV	20,523	65,788	45,265	220.6%
Green Party	18,527	16,433	-2,094	-11.3%
PBPA	14,100	9,798	-4,302	-30.5%

Marital status

Social Care Council workforce

Anecdotal evidence suggests that at least half of the employees are married/co-habiting.

Broader social work and social care workforce

There some Social Care Council registrant data for this category but not enough to inform equality screening, and NI HSC Workforce Census for this is unavailable.

NI population

	<p>NI Population as most recently reported (NILT, 2024):</p> <ul style="list-style-type: none"> • Single (never married) - 36% • Married and living with husband/wife or civil partner in a legally-registered civil partnership - 47% • Married and separated from husband/wife/civil partner -3% • Divorced/Dissolution - 7% • Widowed - 6% <p>Census 2021 profile of the NI population shows:</p> <ul style="list-style-type: none"> • 45.59% (690, 509) of those aged 16 or over were married • 38.07% (576, 708) were single • 0.18% (2,742) were registered in civil partnerships (more than double since 2011) • 6.02% (91,128) were either divorced or formerly in a civil partnership which is now legally dissolved • 6.36% (96, 384) were either widowed or a surviving partner from a civil partnership • 3.78% (57, 272) were separated (but still legally married or still legally in a civil partnership)
<p>Dependent status</p>	<p>Social Care Council workforce Full data is not available; however, anecdotal evidence suggests that at least half of the employees have dependents through some form of caring responsibilities for family member(s), e.g. elderly parents, and/or children in education.</p> <p>The Social Care Council has partial data recorded:</p> <ul style="list-style-type: none"> • Yes = 9.4% • No = 9.4% • Not assigned = 81.1% <p>Broader social work and social care workforce There some Social Care Council registrant data for this category but not enough to inform equality screening, and NI HSC Workforce Census for this is unavailable.</p> <p>NI population Census 2021 figures for NI report:</p>

Provision of unpaid care ('Provision of unpaid care' covers looking after, giving help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age. It excludes any activities carried out in paid employment.)

All usual residents aged 5 and over: 1,789,348. Percentage of usual residents aged 5 and over who provide:

- No unpaid care 87.58%
- 1-19 hours unpaid care per week 5.63%
- 20-34 hours unpaid care per week 1.38%
- 35-49 hours unpaid care per week 1.57%
- 50+ hours unpaid care per week 3.84%

NI Health Survey (DoH, 2024/25) reports more than a tenth (14%) of respondents looked after another person who is sick, disabled or elderly for an hour or more each week. Females (17%) remained more likely than males (11%) to have caring responsibility. Around a quarter of those aged 45-54 (23%) and a fifth of those aged 55-64 (19%) had caring responsibility for someone.

Carers NI (State of Caring 2022 report)

There are over 290,000 people providing some form of unpaid care for a sick or disabled family member or friend in Northern Ireland – around 1 in 5 adults. (Carers UK (2022). Carers Week research report 2022.)

Of those participating in the survey:

- 82% identified as female and 17% identified as male.
- 4% are aged 25-34, 17% are aged 35-44, 33% are aged 45-54, 31% are aged 55-64 and 14% are aged 65+.
- 24% have a disability.
- 98% described their ethnicity as white.
- 28% have childcare responsibilities for a non-disabled child under the age of 18 alongside their caring role.
- 56% are in some form of employment and 18% are retired from work.
- 31% have been caring for 15 year or more, 16% for between 10-14 years, 25% for 5-9 years, 25% for 1-4 years, and 3% for less than a year.

	<ul style="list-style-type: none"> • 46% provide 90 hours or more of care per week, 13% care for 50-89 hours, 23% care for 20-49 hours, and 19% care for 1-19 hours per week. • 67% care for one person, 25% care for two people, 5% care for three people and 3% care for four or more people. <p><u>Disability</u> It may be concluded that a considerable share of people with a disability are carers themselves.</p>						
Disability	<p>Social Care Council workforce Less than 5% of the workforce have declared a disability.</p> <p>No = 67.9%; Yes = 3.8%; Not assigned = 28.3%</p> <p>Broader social work and social care workforce Social Care Council registrant data for NI anecdotally indicates less than 5% of the workforce has a disability.</p> <p>NI HSC Workforce Census for this is unavailable.</p> <p>NI population Census 2021 figures for NI report:</p> <ul style="list-style-type: none"> • Out of all usual residents (n=1,903,179), the Percentage of usual residents whose day-to-day activities are: <ul style="list-style-type: none"> • Limited a lot – 11.45% • Limited a little – 12.88% • Not limited – 75.67% • ('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 for at least 12 months.) <p>The breakdown of the various long-term conditions as outlined in the 2021 Census is:</p> <table border="1" data-bbox="304 1832 1410 2004"> <thead> <tr> <th>Type of long-term condition</th> <th>Percentage of population with condition %</th> </tr> </thead> <tbody> <tr> <td>Deafness or partial hearing loss</td> <td>5.75</td> </tr> <tr> <td>Blindness or partial sight loss</td> <td>1.78</td> </tr> </tbody> </table>	Type of long-term condition	Percentage of population with condition %	Deafness or partial hearing loss	5.75	Blindness or partial sight loss	1.78
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Ethnicity	<p>Social Care Council workforce Full data not available, however anecdotal evidence suggest less than 5% of the workforce:</p> <ul style="list-style-type: none"> • White = 75.5% • Not assigned = 24.5% <p>Broader social work and social care workforce NI HSC Workforce Census for this is unavailable and is not collected by the Social Care Council about registrants. Anecdotally,</p>																		

both social care and social work are diverse workforces, with many countries and cultures represented.

To recognise this the DoH has published the following guidance for their employers in 2025: <https://www.health-ni.gov.uk/publications/responding-racism-and-promoting-inclusion-guidance-social-care-employers>.

NI population

Census 2021 figures for NI report that 3.4% (65,600) of the usual resident population belonged to minority ethnic groups.

Ethnic Group (Ethnic/Group Number/Percentage)

- White 1,837,600 96.6%
- Minority Ethnic Group 65,600 3.4%
- Black 11,000 0.6%
- Indian 9,900 0.5%
- Chinese 9,500 0.5%
- Filipino 4,500 0.2%
- Irish Traveller 2,600 0.1%
- Arab 1,800 0.1%
- Pakistani 1,600 0.1%
- Roma 1,500 0.1%
- Mixed Ethnicities 14,400 0.8%
- Other Asian 5,200 0.3%
- Other Ethnicities 3,600 0.2%

In addition, Census 2021 figures for NI report the following:

Country of birth (Country of birth/Number/Percentage):

- Northern Ireland 1,646,300 86.5%
- Great Britain 92,300 4.8%
- England 72,900 3.8%
- Scotland 16,500 0.9%
- Wales 2,800 0.2%
- Republic of Ireland 40,400 2.1%
- Outside United Kingdom and Ireland 124,300 6.5%
- Europe (other EU countries) 67,500 3.5%
- Europe (other non-EU countries) 3,700 0.2%
- Other Countries in the World 53,100 2.8%

	<p><u>Main language of usual residents aged three and over (Main language/Number/Percentage)</u></p> <ul style="list-style-type: none"> • English 1,751,500 95.4% • Main language not English 85,100 4.6% • Polish 20,100 1.1% • Lithuanian 9,000 0.5% • Irish 6,000 0.3% • Romanian 5,600 0.3% • Portuguese 5,000 0.3% • Arabic 3,600 0.2% • Bulgarian 3,600 0.2% • Other languages 32,200 1.8% <p>Figures from the 2011 Census provide the prevalence of disability among the following ethnic groups: Percentage of those whose disability limits their day to day activities a lot</p> <ul style="list-style-type: none"> • All – 12% • Irish Traveller – 20% • White other – 12% • Chinese – 3% • Indian – 3% • Pakistani – 6% • Bangladeshi – 4% • Other Asian – 2% <p>Considering census figures for the ethnic composition of the general population alongside those of people whose disability limits their day to day activities a lot, it shows that, with the exception of Irish Travellers, black and minority ethnic people are underrepresented amongst those with a disability when compared with their share amongst the general population.</p>
Sexual orientation	<p>Social Care Council workforce Full data not available, however anecdotal evidence suggest less than 5% of the workforce:</p> <ul style="list-style-type: none"> • Opposite sex = 18.87% • Not assigned = 81.1% <p>Broader social work and social care workforce</p>

	<p>There is no Social Care Council registrant data for this group.</p> <p>NI HSC Workforce Census for this is unavailable.</p> <p>NI population Census 2021 reported:</p> <ul style="list-style-type: none"> • Straight or heterosexual: 90.04% (1,363,859) • Gay or lesbian: 1.17% (17,713) • Bisexual: 0.75% (11,306) • Other sexual orientation: 0.17 (2,597) • Prefer not to say: 4.58% (69,307) • Not stated: 3.3% (49,961) <p>Not available by disability though if the general population shows figures between 7-10% of the population who are gay, lesbian or bisexual assumptions have to be made in relation to dual issues of sexual orientation and disability.</p> <p>This assumption is also supported by research in Northern Ireland on people with a disability who identify as lesbian, gay or bisexual - <i>McClenahan, Simon (2013): Multiple identity; Multiple Exclusions and Human Rights: The Experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland. Belfast: Disability Action.</i></p>
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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.

Note – the below focusses on the primary stakeholders.

Category	Needs and Experiences
Gender	

Registrants	<p>The Social Care Council workforce and the registrant workforce (social care practitioners and social workers) are predominantly female; females are more likely to have caring responsibilities than their male counterparts – see dependent section below.</p> <p>This should be considered in the context of delivering commitments this Engagement Strategy.</p>
Internal	There are no identified different needs or experiences on the basis of gender.
Employers	There are no identified different needs or experiences on the basis of gender.
Community	There are no identified different needs or experiences on the basis of gender.
Age	
Registrants	<p>While there are no identified different needs or experiences on the basis of age, older people who work in social care and social work may be less likely to be computer literate and have access to a computer and the internet when they are engaging with us.</p> <p>Younger people (registrants, service users and carers) may prefer for social media (Facebook, Instagram, X etc.) as a means of communication.</p> <p>There will be a need to provide age-appropriate information including the use of Plain English.</p>
Internal	There are no identified different needs or experiences on the basis of age.
Employers	There are no identified different needs or experiences on the basis of age.
Community	Consideration should be given to older groups when considering the delivery of engagement and digital transformation to ensure there is an appropriate balance and accessibility to services.

Religion	
Registrants	In planning engagement events, there is a need to consider a neutral venue/location or appropriate alternative option if a venue is used that is associated with one particular community.
Internal	There are no identified different needs or experiences on the basis of religion.
Employers	In planning engagement events, there is a need to consider a neutral venue/location or appropriate alternative option if a venue is used that is associated with one particular community.
Community	In planning engagement events, there is a need to consider a neutral venue/location or appropriate alternative option if a venue is used that is associated with one particular community.
Political opinion	
Registrants	In planning engagement events, there is a need to consider a neutral venue/location or appropriate alternative option if a venue is used that is associated with one particular community.
Internal	There are no identified different needs or experiences on the basis of political opinion.
Employers	In planning engagement events, there is a need to consider a neutral venue/location or appropriate alternative option if a venue is used that is associated with one particular community.
Community	In planning engagement events, there is a need to consider a neutral venue/location or appropriate alternative option if a venue is used that is associated with one particular community.
Marital status	
Registrants	Issues for those with dependents (see below) in terms of timing and/or location of engagement activities, may be exacerbated for single parents.
Internal	There are no identified different needs or experiences on the basis of marital status.
Employers	There are no identified different needs or experiences on the basis of marital status.

Community	Issues for those with dependents (see below) in terms of timing and/or location of engagement activities, may be exacerbated for single parents.
Dependent status	
Registrants	Those the Social Care Council wish to engage with that have dependents may require some flexibility in terms of timing and/or engagement method, and where applicable, assistance considerations would be part of any planning.
Internal	Those with caring responsibilities need to have access to the services provided by the Social Care Council at times that suit them best to manage their caring responsibilities. This may include having online options available that can be accessed out of traditional working hours.
Employers	Those the Social Care Council wish to engage with that have dependents may require some flexibility in terms of timing and/or engagement method, and where applicable, assistance considerations would be part of any planning.
Community	Those the Social Care Council wish to engage with that have dependents may require some flexibility in terms of timing and/or engagement method, and where applicable, assistance considerations would be part of any planning.
Disability	
Registrants	<p>Consideration must be given at all times to how people with a disability can access our services so that they are not disadvantaged in any way and have a quality experience when engaging with us.</p> <p>Consideration must be given to the range of disabilities on each occasion including those with sensory or learning disabilities who require communication support or materials provided in an alternative format</p>
Internal	There are no identified different needs or experiences on the basis of disability.
Employers	There are no identified different needs or experiences on the basis of marital disability.

Community	<p>Consideration may need to be given to access to buildings/venues for meetings for those with physical disability.</p> <p>People with a learning disability or sensory impairment may require some form of additional support when attending engagement events.</p> <p>Those with a learning disability may need communication to be tailored to their needs, including Plain English.</p> <p>People with a disability may require accessible formats to be made available.</p> <p>People with a disability may be less likely to have access to a computer or the internet.</p> <p>Solutions will be identified to support the individual based on their specific needs.</p>
Ethnicity	
Registrants	<p>The Engagement Strategy notes the importance of inclusiveness and diversity and the need to ensure that the social work and social care workforce are supported to work effectively with people of various cultural backgrounds and understand how their cultural beliefs may differ from other cultures.</p> <p>Whilst the Social Care Council require registrants to have a standard level of English, this can vary across professions – social care in particular. In these cases, there is a need to ensure arrangements are in place to provide interpreting and translation on request.</p>
Internal	There are no identified different needs or experiences on the basis of ethnicity.
Employers	Considerations need to be given to the needs of employers in terms of their registrant staff who come from culturally and linguistically diverse backgrounds.
Community	Some potential issues relating to people whose first language is not English, and the need to ensure arrangements are in place to provide interpreting and translation on request; this will be

	particularly important for communications utilising more complex regulatory terminology and language.
Sexual Orientation	
Registrants	There are no identified different needs or experiences on the basis of sexual orientation.
Internal	There are no identified different needs or experiences on the basis of sexual orientation.
Employers	There are no identified different needs or experiences on the basis of sexual orientation.
Community	There are no identified different needs or experiences on the basis of sexual orientation.

Engagement strategy – Equality considerations

Principle/ Commitments	Issue	Screening
Accessibility	Provide accessibility and inclusion training to all staff and demonstrate impact.	This may need equality screened depending on the actions.
	Ensure plain language is built into standards and guidelines, with regular reviews of documents and correspondence, and production of easy-read versions	This will be equality screened – with particular regard to those with a disability, carers and ethnicity.
	Raise awareness of the benefits of regulation to people who provide services, deliver services and most importantly, people who receive and use services e.g. the Learning Zone, public protection etc.	Campaigns and promotions will be equality screened and consideration given to adjustments required to the reflect the needs and experiences of all recipients.
	Update our <i>Accessibility Statement</i> to accurately reflect how we manage accessibility	Changes to processes/work flow as a result of the development will be equality screened
	Produce a style guide for staff to improve the standard of plain language skills.	This may need equality screened depending on the actions.
Openness	Improve our digital content by applying good website design, plain language principles and removing unnecessary jargon.	This may need equality screened depending on the actions.
	Profiling our work and our partnerships to increase awareness of the work they do and encourage membership if required.	Campaigns and promotions will be equality screened and consideration given to adjustments required to the reflect the needs and experiences of all recipients.
	Improve our engagement data by identifying methods of tracking engagement, key measures and establishing key performance indicators.	This may need equality screened depending on the actions.

One size does not fit all	Establish two new registrant engagement mechanisms, one for social work and one for social care ¹ .	This may need equality screened depending on the actions.
	Create a <i>Digital Learning Strategy</i> with digital accessibility, capability, literacy, user experience and testing, and sustainability at its core.	This will be equality screened – with particular regard to those with a disability, age and ethnicity.
	Complete user journey mapping which will inform how we design our future systems and processes	This may need equality screened depending on the actions.
	Embed service user, carer and family engagement throughout the organisation by co-producing with the Participation Partnerships a public stakeholder forum where the public are invited to engage with the regulator.	This may need equality screened depending on the actions.
Meet people where they are at	Establish two new registrant engagement mechanisms, one for social work and one for social care, designed on a participatory model. ² These will act as consultative groups and critical friends, bringing authentic voices, support and challenge to all the work that we do on behalf of them and the public.	This may need equality screened depending on the actions.
	In consultation with the Participation Partnership progress development of resources to inform the public about the Social Care Council.	This may need equality screened depending on the actions.
	Staff engagement is addressed separately in detail through the development and implementation of an Internal Communications Plan and a People plan	The People Plan will be equality screened – with particular regard to those with a disability, dependents and ethnicity.
Opportunities for all	Encourage diversity with the social care and social work profession through our career’s promotion and campaigns.	Campaigns and promotions will be equality screened and consideration given to adjustments required to

¹ Note: The Social Work Registrant Engagement Group was established in 2024. The social care mechanism will be scoped during 2025/26.

² Note: The Social Work Registrant Engagement Group was established in 2024. The social care mechanism will be scoped during 2025/26.

		the reflect the needs and experiences of all recipients.
	Review resources available for Internationally Qualified Social Workers, and international social care practitioners applying for registration, to ensure they are accessible and easily understood.	This may need equality screened depending on the actions.
	Support the equality, diversity and inclusivity of the social work and social care workforce by establishing baseline datasets.	This may need equality screened depending on the actions.
	Embed NI Diversity Mark in the processes, policies and culture of the Social Care Council and seek accreditation.	This may need equality screened depending on the actions.
Timeliness	Establish and produce a biannual Social Care Council e-newsletter for all stakeholders.	This may need equality screened depending on the actions.

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, however, consideration must be given to all groups when delivering on the commitments of the Engagement Strategy.

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>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><u>Disability and dependent status:</u></p> <p>Staff with a disability with specific communication needs will be supported to ensure they can fully engage in team and business communications by providing HSC tools relevant to the individual's needs. We are reviewing our accessibility arrangements across all forums as part of this Engagement Strategy.</p> <p>During the development of the Engagement Strategy we enhanced what we are doing to support and enable people who use service and carers and those with a disability.</p> <p>Issues relating to accessible information for people with disabilities</p>	<p>We will keep this decision under review.</p> <p>We will deliver on the commitments outlined in the Strategy to support people who use services and carers.</p>

<p>are considered in our Accessible Formats Policy.</p> <p><u>Ethnicity Status</u></p> <p>During the development of the Engagement Strategy we recognised the need to include what we are doing to support a diverse social work and social care workforce.</p> <p><u>People with a disability, children, older people and those whose first language is not English</u></p> <p>The Social Care Council's 's Accessible Formats Policy outlines how staff should consider alternative formats, and how information and publications can be requested in alternative formats, receipt of which is recorded and requests are monitored.</p> <p>As part of HSCNI, the Social Care Council can access the regional contract for translation and interpreting.</p> <p>The Social Care Council's procedure for booking external venues requires those responsible for organising events and meetings ensure that venues are fully accessible.</p> <p><u>People with dependents, political opinion/religion</u></p> <p>When planning engagement events and meetings, the Social Care Council will consider their timing and location and the need for a neutral venue/location. Where applicable,</p>	<p>We will ensure our services and engagement approach are accessible by all.</p> <p>We will deliver on the commitment relating to diversity and inclusion in the Engagement Strategy and will keep progress under review.</p> <p>We will deliver on the commitment relating to accessibility in the Engagement Strategy and will keep progress under review. This includes providing alternative formats or assistance when it comes to IT issues when engaging with us on request.</p> <p>The Social Care Council will continue to monitor requests for alternative format and/or language to inform future production of electronic and written communication.</p> <p>A checklist will be developed to assist those organising engagement events and meetings and developing information – this will cover the need to take account of specific needs of the nine groups.</p>
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<p>assistance with travel expenses will also be considered.</p> <p>The Social Care Council is a regional body and organises engagement events and meetings on a geographical spread where required – it will also arrange for tele and video conferencing to facilitate those unable to travel.</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)

Group	Impact	Suggestions
Religion	None identified at this stage	None
Political Opinion	None identified at this stage	None
Ethnicity	None identified at this stage	None

(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	<input type="checkbox"/>
Minor impact	<input checked="" type="checkbox"/>

No further impact	<input type="checkbox"/>
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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	<input type="checkbox"/>
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No	✓
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Please give reasons for your decisions.

The issues identified through screening have been addressed.

In drafting its Engagement Strategy and identifying the wide range and various forms of engagement that it lays out both ongoing and new, the Social Care Council recognises the need to consider any impact on Section 75 groups as part of the commitments outlined, and that the needs, experiences and priorities of these groups may vary.

Mitigation is in place in relation to any impacts identified during the screening process for the Section 75 groups. It is not thought that subjecting the policy to an EQIA will present further opportunities to promote equality of opportunity.

Areas identified for screening have been set out at the table on pages 21-23.

(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>
<p>People with a disability were involved in the preliminary consultation which informed the Engagement Strategy and their views and experiences have been included.</p> <p>Where appropriate to the Engagement Strategy, the Social Care Council facilitate engagement</p>	<p>This will be considered as part of the ongoing work with our Participation Partnership and when engaging with our staff about equality, inclusion and diversity e.g. working group currently being set up.</p> <p>We will continue to harness our Participation Partnership, our staff and the Equality Unit in BSO to help us</p>

with disability groups and their members.	deliver on our responsibilities in relation to people with a disability.
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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>
We will use the Engagement Strategy to help us to continue to engage with people who use services and carers and this will include people with a disability. Several commitments within the Strategy are specifically aligned to this.	N/A

(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.

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 monitor how this decision is managed. The Social Care Council will continue to monitor requests for alternative formats to inform the development of information in various formats at the time of publication. The Social Care Council will put appropriate monitoring arrangements in place to monitor and review the implementation and outworking of the Engagement Strategy going forward and any potential equality impacts of the policy on the S75 equality groups.		

Approved Lead Officer: Rita McCullagh
Position: Head of Strategic Communications and Engagement
Date: 12 January 2026
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.

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

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