

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 and Human Rights Information Bank on the BSO website:

<http://www.hscbusiness.hscni.net/services/1798.htm>

For advice and support on screening contact:
Equality Unit, Business Services Organisation
2 Franklin Street, Belfast BT2 8DQ
Tel: 028 9536 3961
email: Equality.Unit@hscni.net

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

Use of Hirelab to facilitate pre-recorded video interviews as part of our Recruitment & Selection process

1.2 Description of policy or decision

To allow recruitment panels the option of having a further method to manage the interview process, particularly for high volume files and also safely during Covid. This is just a further option available to panels and remains within the Recruitment and Selection Framework and policy.

Where applicants cannot utilise this system, alternative standard formats of the interview process are available.

1.3 Main stakeholders affected (internal and external)

For use with Recruitment exercises – public wide applicant pools.

HSC staff will manage the process ie HR , recruitment managers.

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

- HSC Recruitment Framework and Policy

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

2.1 Data gathering

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

- Process and system previously piloted within HSC during initial covid period.
- BSO Staff Data
- Census 2011 Data
- Northern Ireland Statistics and Research Agency (NISRA)
- CarersNI State of Caring 2019 Annual survey
- Health Inequalities Annual Report 2019

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	<u>BSO staff data</u>	
	Category	% @ March 2021
	Male	44.23%
	Female	55.77%

Unknown

0.00%

Population Data

Census 2011: The proportion of females in 2011 is 51.00% (923, 540). The male population is 49.00% (887, 323) in 2011.

Mid-year population estimate (2018; published June 2019):

The size of the resident population in Northern Ireland at 30 June 2018 is estimated to be 1.88 million people. Just over half (50.8 per cent) of the population were female, with 955,400 females compared to 926,200 males (49.2 per cent).

<https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/MYE18-Bulletin.pdf>

- 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):
 - gender variant to some degree 1%
 - have sought some medical care 0.025%
 - having already undergone transition 0.015%

The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among young people is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).

Applying GIREs figures to NI population (using NISRA mid-year population estimates for June 2018) N=1,881,600:

- 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.

Age	<p><u>BSO staff data</u></p> <table border="1" data-bbox="316 365 954 862"> <thead> <tr> <th>Category</th> <th>% @ March 2021</th> </tr> </thead> <tbody> <tr><td>0-15</td><td>0.06%</td></tr> <tr><td>16-24</td><td>3.55%</td></tr> <tr><td>25-29</td><td>9.26%</td></tr> <tr><td>30-34</td><td>12.94%</td></tr> <tr><td>35-39</td><td>13.45%</td></tr> <tr><td>40-44</td><td>14.91%</td></tr> <tr><td>45-49</td><td>12.75%</td></tr> <tr><td>50-54</td><td>14.28%</td></tr> <tr><td>55-59</td><td>12.31%</td></tr> <tr><td>60-64</td><td>4.95%</td></tr> <tr><td>>=65</td><td>1.52%</td></tr> </tbody> </table> <p><u>Population Data</u></p> <p>Mid-year population estimates published by NISRA in 2019 show that:</p> <p>0-19 yrs (inclusive) = 485,064 (25.7% of all NI population) 20 – 34 yrs = 364,623 (19.3%) 35 – 49 yrs = 366,967 (19.5%) 50 - 64 yrs = 356,790 (19.0%) 65 – 74 yrs = 169,725 (9.0%) 75 – 89 yrs = 125,334 (6.6%) 90+ yrs = 13,138 (0.7%)</p> <p>https://www.nisra.gov.uk/statistics/population/mid-year-population-estimates</p> <p>Age projections</p> <p>NISRA Estimated and projected population by age, mid-2016 to mid-2041 show that in 2016, 20.8% of the NI Population were aged 0-15 years, and this is projected to decrease 18.2% in 2041. The proportion of adults aged 16-64 in 2016 was 63.2% of the whole population, set to decrease to 57.2 by 2041. However, the</p>	Category	% @ March 2021	0-15	0.06%	16-24	3.55%	25-29	9.26%	30-34	12.94%	35-39	13.45%	40-44	14.91%	45-49	12.75%	50-54	14.28%	55-59	12.31%	60-64	4.95%	>=65	1.52%
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proportion of people aged 65 years and over is projected to rise from 16.0% in 2016 to 24.5% in 2041, overtaking the numbers of children.

<https://www.nisra.gov.uk/publications/2016-based-population-projections-northern-ireland-statistical-bulletin-charts>

Religion

BSO staff data

Category	% @ March 2021
Perceived Protestant	2.16%
Protestant	29.00%
Perceived Roman Catholic	2.47%
Roman Catholic	40.04%
Neither	5.33%
Perceived Neither	0.00%
Not assigned	21.00%

Population Data

Religion or Religion brought up in

- 45.14% (817, 424) of the population were either Catholic or **brought up** as Catholic.
- 48.36% (875, 733) stated that they were Protestant or **brought up** as Protestant.
- 0.92% (16, 660) of the population belonged to or had been **brought up** in other religions and Philosophies.
- 5.59% (101, 227) neither belonged to, nor had been brought up in a religion.

(Census 2011)

Political
Opinion

BSO staff data

Category	% @ March 2021
Broadly Nationalist	4.06%
Other	5.01%
Broadly Unionist	4.57%
Not assigned	79.82%
Do not wish to answer	6.54%

Population Data

Nationality

- 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)

(Census 2011)

Marital
Status

BSO staff data

Category	% @ March 2021
Divorced	2.47%
Mar/CP	41.88%
Other	0.95%
Separat	0.57%
Single	15.80%
Unknwn	37.31%
Widw/R	0.82%
Not assigned	0.19%

Population Data

- 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 (Census 2011)

Northern Ireland Life and Times (2018)

Single (never married) 32%

Married and living with husband/wife 51%

A civil partner in a legally-registered civil partnership 0%

Married and separated from husband/wife 3%

Divorced 6%

Widowed 7%

Civil partnerships

Annual Reports of the Registrar General for NI show that Between 2005 to 2018 inclusive, there have been 1298 civil partnerships registered in NI. (Available at

<https://www.nisra.gov.uk/statistics/births-deaths-and-marriages/registrar-general-annual-report>)

Dependent Status	<u>BSO staff data</u>								
	<table border="1"> <thead> <tr> <th>Category</th> <th>% @ March 2021</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>12.18%</td> </tr> <tr> <td>Not assigned</td> <td>79.57%</td> </tr> <tr> <td>No</td> <td>8.25%</td> </tr> </tbody> </table>	Category	% @ March 2021	Yes	12.18%	Not assigned	79.57%	No	8.25%
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<u>Population Data</u>									
<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 (• Any one of us has a 6.6% chance of becoming a carer in any year • One quarter of all carers 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 • 64% of carers are women; 36% are men. <p>CarersNI State of Caring 2019 Annual survey (UK wide, including NI)</p> <ol style="list-style-type: none"> 1) 2 in 5 carers (39%) responding reported being in paid work. 2) 38% of all carers reported that they had given up work to care. 3) 18% had reduced their working hours. 4) 1 in 6 carers (17%) said that they work the same hours but their job is negatively affected by caring, for example because of tiredness, lateness, and stress. 5) 12% of carers said they have had to take a less qualified job or have turned down a promotion to fit around their caring responsibilities. 6) Just over 1 in 10 carers (11%) said they had retired early to care. 7) Only 4% of respondents of all ages said that caring has had no impact on their capacity to work. 8) Only one quarter (25%) of carers who aren't yet retired and had an assessment in the last year felt that their need to combine paid work and caring was sufficiently considered in 									

their carer's assessment.

9) Carers who are not yet retired were also asked about their future plans and 53% said they are not able to save for their retirement.

10) Some carers are saving or have saved less for their retirement with 17% saying they did this because their working hours were reduced.

Disability

BSO staff data

Category	% @ March 2021
No	48.41%
Not assigned	49.68%
Yes	1.90%

Population Data

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.

68.57% (1, 241709) of residents did not have long – term health condition.

- Deafness or partial hearing loss – **5.14% (93, 078)**
- Blindness or partial sight loss – **1.7% (30, 785)**
- Communication Difficulty – **1.65% (29, 879)**
- Mobility or Dexterity Difficulty – **11.44% (207, 163)**
- A learning, intellectual, social or behavioural difficulty - **2.22% (40, 201)**
- An emotional, psychological or mental health condition - **5.83% (105, 573)**
- Long – term pain or discomfort – **10.10% (182, 897)**
- Shortness of breath or difficulty breathing – **8.72% (157, 907)**
- Frequent confusion or memory loss – **1.97% (35, 674)**
- A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – **6.55% (118, 612)**
- Other condition – **5.22% (94, 527)**
- No Condition – **68.57% (1, 241, 709)**

(Census 2011)

Health Survey NI (2017/18 – published 2019)

- 43% longstanding illness (32% limiting and 11% non-limiting illness)
- Females (44%) were more likely than males (40%) to have a long-term condition.
- Prevalence also increased with age with 22% of those aged 16-24 reporting a long-term condition compared with 70% of those aged 75 and over.
- Four-fifths of respondents (81%) had contact with the Health and Social Care System in Northern Ireland
- Of these, 84% were either very satisfied or satisfied with their experience
- A fifth (21%) reported high levels of anxiety, while 45% reported very low levels

Health Inequalities Annual Report 2019 can be found here:

<https://www.health-ni.gov.uk/news/health-inequalities-annual-report-2019>

Ethnicity

BSO staff data

Category	% @ March 2021
Not assigned	71.51%
White	28.11%
Other	0.13%
Black African	0.00%
Indian	0.06%
Chinese	0.06%

Population Data

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)
(Census, 2011)

Sexual Orientation

BSO staff data

Category	% @ March 2021
Do not wish to answer	1.71%
Not assigned	80.58%
Opposite sex	16.56%
same sex	1.08%
Both sexes	0.06%

Population data

In 2016, estimates from the Annual Population Survey (APS) showed that:

- 93.4% of the UK population identified as heterosexual or straight and 2.0% of the population identified themselves as lesbian, gay or bisexual (LGB). This comprised of:
 - 1.2% identifying as gay or lesbian
 - 0.8% identifying as bisexual
- A further 0.5% of the population identified themselves as “Other”, which means that they did not consider themselves to fit into the heterosexual or straight, bisexual, gay or lesbian categories. A further 4.1% refused, or did not know how to identify themselves.
- The population aged 16 to 24 were the age group most likely to identify as LGB in 2016 (4.1%).
- More males (2.3%) than females (1.6%) identified themselves as LGB in 2016.
- The population who identified as LGB in 2016 were most likely to be single, never married or civil partnered, at 70.7%.

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.
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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. Also give consideration to multiple identities (such as single parents for example).

Category	Needs and Experiences
Gender	There is no data to suggest that the needs and experiences of service users differ on the basis of gender
Age	With an aging population some applicants may find using technology challenging.
Religion	There is no data to suggest that the needs and experiences of service users differ on the basis of religion
Political Opinion	There is no data to suggest that the needs and experiences of service users differ on the basis of political opinion
Marital Status	There is no data to suggest that the needs and experiences of service users differ on the basis of marital status
Dependent Status	There is no data to suggest that the needs and experiences of service users differ on the basis of dependent status
Disability	<p>Supporting applicants with a disability arises throughout the recruitment and selection process and using this method is no different. From our experience in original HSC pilot, we experienced requests for reasonable adjusts which we were able to accommodate.</p> <p>As we continue to use the system for a variety of posts we may encounter other disability related issues such as applicants who may have sensory impairments, applicants who may require assistance with screen reading or People with certain learning disabilities or cognitive impairments may need to be able to read body language and facial expressions.</p> <p>Some reasonable adjustments have previously been requested during the HSC pilot for example additional time to compete the questions, preview of the questions, ability to copy and paste questions into Dyslexia Support Technology – all of which we were able to accommodate.</p> <p>Where requests arise, if they cannot be accommodated through the system then an alternative standard interview format can be considered in line with our standard process.</p> <p>In using this interview format we are also benefiting from a positive impact for some applicants who may be challenged by having to attend in person for interview for example applicants who have autism or social anxiety for example may prefer to conduct the interview without a panel presence.</p>
Ethnicity	People whose first language is not English may require documentation in alternative languages.
Sexual Orientation	There is no data to suggest that the needs and experiences of service users differ on the basis 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>
<p><u>Disability</u> Where requests arise, if they cannot be accommodated through the system then an alternative standard interview format can be considered in line with our standard process. It is recognised that individuals who have different disabilities will have different needs with regards to information materials and access to support than those without – All requests for materials in an accessible format such as easy-read for people with an intellectual disability or braille for someone who is blind will be considered in accordance with our accessible formats policy.</p> <p><u>Age</u> BSO operate an online only recruitment process and have done for a number of years. Therefore applicants are required to have a basic level of IT literacy to register with the recruitment system and submit an application form. A similar level of IT competency is also required for Hirelab. However, should an older person not feel confident or comfortable using the Hirelab pre-</p>	<p>Following use of the system, a further review will be undertaken in terms of applicant experience with learning incorporated into any future usage. This has already been factored into the process through the initial pilot and the learning from this. Improvements in the process have already been implemented.</p>

<p>recorded video interviews, an alternative using zoom or Face to face interviews can be offered.</p> <p>Ethnicity</p> <p>All requests for materials in an accessible format such as in a different language for those whose first language is not English will be considered in accordance with our accessible formats policy. Interpreters are also available through our interpreting and translations service.</p>	
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2.5 Good Relations

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

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	N/A	N/A
Political Opinion	N/A	N/A
Ethnicity	N/A	N/A

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

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

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

Please tick:

Major impact	
Minor impact	x
No further impact	

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

Please tick:

Yes	
No	x

Please give reasons for your decisions.

Issues for any of the Section 75 groups highlighted in this screening have been mitigated against.

It is not felt that a full EQIA will highlight any further issues with regards to equality of opportunity for the Section 75 groups.

(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>Alternative interview formats are available in line with our established Recruitment and Selection Framework and processes.</p> <p>By offering alternative and new ways of going through the interview process it will encourage more people with various disabilities to apply for jobs within HSCNI.</p>	<p>We endeavour to build in reflective learning from using this system and making necessary changes where needed.</p>

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>

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

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

*If you have answered no to all of the above please move on to **Question 6** on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?*
			Yes/No

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Equality & Good Relations	Disability Duties	Human Rights
Information is collated in line with our standard R&S processes. A review of the system usage will be undertaken at the end of the contract and learning taken from this. This will involve all stakeholders.		

Approved Lead Officer: Karen McConville

Position: HR Business Change Manager

Contact Details: 07920596146

Date: 19 May 2021

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:

2 Franklin Street; Belfast; BT2 8DQ; Email: Equality.Unit@hscni.net
Phone: 028 9536 3961